



**Certification for Disclosure of a Limited Data Set
from the UW-Madison Health Care Component (UW HCC)
to a UW-Madison Employee Outside of the UW HCC**

Name: _____

(Please print or type)

Contact information at work: Job title _____
 Department or work unit _____
 Office location _____
 Telephone number _____
 E-mail address _____

I acknowledge that:

- a) I am employed within the University of Wisconsin-Madison;
- b) My position is outside of the UW-Madison Health Care Component;
- c) I am receiving a Limited Data Set from a source within the UW-Madison Health Care Component.

I acknowledge that the HIPAA Privacy Rule [45 CFR 164.514(e)] does not permit me to use, and I will not use, the following direct identifiers of the individual or of relatives, employers, or household members of the individual:

- (1) Names;
- (2) Postal address information, other than town or city, state, and zip code;
- (3) Telephone numbers;
- (4) Fax numbers;
- (5) Electronic mail addresses;
- (6) Social security numbers;
- (7) Medical record numbers;
- (8) Health plan beneficiary numbers;
- (9) Account numbers;
- (10) Certificate/license numbers;
- (11) Vehicle identifiers and serial numbers, including license plate numbers;
- (12) Device identifiers and serial numbers;
- (13) Web universal resource locators (URL's);
- (14) Internet protocol (IP) address numbers;
- (15) Biometric identifiers, including finger and voice prints; and
- (16) Full face photographic images and any comparable images.

I understand that some examples of identifiers I may use in a Limited Data Set are as follows:

- (1) Dates of birth;
- (2) Dates of death;
- (3) Dates of service;
- (4) Town or City;
- (5) State;
- (6) Zip code.



I therefore agree that:

1. I will use the Limited Data Set only for purposes of research, public health or health care operations;
2. I will ensure that any agents, including a subcontractor, to whom I provide the Limited Data Set agree to the same restrictions and conditions that apply to me with respect to the Limited Data Set;
3. I will not identify the individual or contact the individuals whose Protected Health Information is contained in the Limited Data Set;
4. I will report to the UW-Madison Privacy Officer listed below any use or disclosure of the Limited Data Set not permitted by this Certification of which I become aware;
5. I will use appropriate safeguards to prevent use or disclosure of the Limited Data Set other than as permitted by this Certification;
6. I will not use or further disclose the Limited Data Set in a manner that would violate the Privacy Rule; and
7. I will not use or further disclose the Limited Data Set other than as permitted by this Certification or as required by law.

Signature

Date

This form must be signed and dated in order to be valid.

You will be notified if the Privacy Rule requirements stated above change. If a change in these requirements occurs, you may be required to file a revised certification form.

Filing Instructions: *Submit a signed and dated copy of this form to the HIPAA Privacy Officer and to the administrator of your department, section, center, or institute. You may submit your completed form electronically to the Privacy Officer at hipaa@wisc.edu, or by mail at:*

*UW-Madison HIPAA Privacy Officer
361 Bascom Hall, 500 Lincoln Drive
Madison, WI 53706*

If your use of the Limited Data Set is for research use, you must submit a copy of this certification to the IRB with applications for initial review, exemption or change of protocol.

A copy of this form should be retained for your records because it may be required by database or other record custodians.