

CO 601-D

09/01/07

DATE: [CURRENT DATE]

TO: [PI NAME]  
FROM: Sparrow Health System IRB

STUDY TITLE: [ID AND TITLE]  
IRB REFERENCE #: [LOCAL IRB REFERENCE NUMBER]

ACTION: **WAIVER OF HIPAA AUTHORIZATION REQUIREMENT**  
DECISION DATE: [STATUS DATE]

On behalf of Sparrow Health System, the IRB has reviewed your request for a waiver of the HIPAA authorization requirement for this research project.

Under expedited review, the IRB hereby grants a waiver of HIPAA authorization for this research project, based on your written assurance that the proposed uses and disclosures of the protected health information (PHI) described as necessary for the research involve no more than minimal risk to the individual subjects. Additionally, you have indicated that the research could not practicably be conducted without the waiver of authorization and that the research could not practicably be conducted without access to and use of the PHI.

Please note that HIPAA forms and policies are available on the IRB website:  
[www.sparrow.org/irrc/research.asp](http://www.sparrow.org/irrc/research.asp)

If you have any questions, please contact us at 517.364.2150 or via Email: [irrc@sparrow.org](mailto:irrc@sparrow.org). Please include your study title and IRB reference number in all correspondence with this office.

George S. Abela, MD, IRB Chairperson  
Institutional Research Review Committee  
Sparrow Health System

***This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within our records.***