

<b>Form J:</b>	<b>For IRB Use Only:</b>	
<b>DE-IDENTIFICATION CERTIFICATION FORM</b>	<b>IRB No.</b>	Click here to enter text.
	<b>Date Submitted</b>	Click here to enter text.
	<b>Date Approved</b>	Click here to enter text.

All forms and research instruments should be submitted by email to [kraig.knudsen@mh.ohio.gov](mailto:kraig.knudsen@mh.ohio.gov) or you may mail them to: Kraig Knudsen, Ph.D., Ohio Department of Mental Health, 30 East Broad Street, 8<sup>th</sup> Floor, Columbus, Ohio 43214-3430.

<b>TITLE OF RESEARCH:</b>	Click here to enter text.
<b>IRB #:</b>	Click here to enter text.

		<b>DEPT</b>	<b>EMAIL</b>
<b>Principal Investigator</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Other Investigator</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.
<b>Other Investigator</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Do not complete if Authorization will be obtained or Waiver of Authorization is requested.**

*I certify that the protected health information (PHI) received or reviewed by research personnel for the research study referenced above does not include any of the 18 identifiers listed below. Also all research staff involved with the study has or will become familiar with the ODMH policy including the provisions associated with HIPAA.*

1. Names (individual, employer, relatives, etc.)
2. Postal address information other than town or city, state, and zip code. **NOTE: This information must be deleted if the population in the area is less than 20,000.)**
3. Telephone numbers
4. Fax numbers
5. Social Security numbers
6. All elements of dates (except for years)
  - Birth Date
  - Admission Date
  - Discharge Date
  - Date of Death
  - Ages >89 all elements of dates indicative of such age except for an aggregated single category of 90 and older

7. E-mail addresses
8. Web Universal Resource Locator (URL's)
9. Internet Protocol (IP) address numbers
10. Medical Record numbers
11. Health Plan Beneficiary numbers
12. Account numbers
13. Certificate/License numbers
14. Vehicle Identifiers and Serial Numbers (e.g. VINs, License Plate Numbers)
15. Device Identifiers and Serial Numbers
16. Biometric Identifiers (including finger and voice prints)
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code

<b>SIGNATURES:</b>	
_____	_____
Principal Investigator or Student	Date
_____	_____
Faculty Advisor ( <i>for student apps</i> )	Date

<b>IRB APPROVED:</b>	
_____	_____
IRB Chair or Designee	Date