

Data Protection*

<p>Name</p> <p>Street address, city, county, precinct, zip code, and equivalent geocodes</p> <p>x All elements of dates (except year) for dates directly related to an individual and all ages over 89</p> <p>Telephone and fax number</p> <p>Electronic mail addresses</p> <p>Social security numbers</p> <p>x Medical record numbers</p> <p>Health plan ID numbers</p> <p>Account numbers</p> <p>Certificate/license numbers</p> <p>Vehicle identifiers and serial numbers, including license plate numbers</p> <p>Device identifiers/serial numbers</p> <p>Web addresses (URLs)</p> <p>Internet IP addresses</p> <p>Biometric identifiers, incl. finger and voice prints</p> <p>Full face photographic images and any comparable images</p> <p>Any other unique identifying number, characteristic, or code</p> <p>None</p>
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Does your research request both a waiver of HIPAA authorization for collection of patient information and involve providing Protected Health Information ("PHI") that is classified as a "limited data set" (city/town/state/zip code, dates except year, ages less than 90 or aggregate report for over 90) to a recipient outside of the University of Pennsylvania covered entity?

No

Consent

1. Consent Process

Overview

This is an unfunded retrospective study which will review up to 5000 cases who were treated at Upenn over a decade. Several of these patients have moved and/or are deceased. This would be practically impossible to identify and contact all of these individuals.

Risk / Benefit

Potential Study Risks

Risks include disclosure of PHI if the UPHS IT system is hacked.

Potential Study Benefits

No direct benefits to subject as a result of study, however clinicians may now know parameters to safely ignore benign bone lesions

Risk / Benefit Assessment

Minimal risk

General Attachments

The following documents are currently attached to this item:

Cover Letter (irbbenignbonelesions.docx)

HIPAA Authorization or Waiver (petct-hipaawaiver1.docx)