

Data Protection*

Name

Street address, city, county, precinct, zip code, and equivalent geocodes

x All elements of dates (except year) for dates directly related to an individual and all ages over 89

Telephone and fax number

Electronic mail addresses

Social security numbers

x Medical record numbers

Health plan ID numbers

Account numbers

Certificate/license numbers

Vehicle identifiers and serial numbers, including license plate numbers

Device identifiers/serial numbers

Web addresses (URLs)

Internet IP addresses

Biometric identifiers, incl. finger and voice prints

Full face photographic images and any comparable images

Any other unique identifying number, characteristic, or code

None

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)