

UNIVERSITY OF NEBRASKA MEDICAL CENTER/NEBRASKA MEDICINE
APPLICATION FOR HONEST BROKER CERTIFICATION
NEW

1. Honest Broker Name:
Department:
Phone:
E-mail:

2. Specify the activities for which this Honest Broker process is being developed:

3. Specify the Team Sponsors (senior-level administrator appointing the team for this responsibility)
Name:
Title:
Department:
Phone:
E-mail:

4. Specify the Team Leader who will assume responsibility for the appropriate management and oversight of this Honest Broker team/process
Name:
Title:
Department:
Phone:
E-mail:

5. Specify the names of all additional individuals who will perform honest broker services under this Honest Broker team/process (including students and trainees).

Name	Department	Contact	Role

6. What data sources are you requesting access to?
7. Describe processes/systems that will be used to fully de-identify protected health information:
8. Describe processes/systems that will be used to develop Limited Data Sets of information:
9. Describe your policies, procedures and controls for the assignment of re-identification codes to the de-identified medical information and/or Limited Data Sets:
10. Describe your policies, procedures and controls for ensuring that IRB approval has been granted for the use of de-identified medical record information, Limited Data Sets, or PHI for research:
11. Describe your processes for documenting each honest broker transaction. Documentation shall be retained for six (6) years from the date of each transaction:
12. Describe your policies and procedures for routine monitoring of the de-identification and Limited Data Set process to ensure the processes meet HIPAA requirements:
13. Are all individuals serving as honest brokers employees of UNMC/Nebraska Medicine or its academic medical center affiliates?

Yes. A Business Associate agreement is not required.

No. Please submit a signed Business Associate Agreement.