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).

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Contact</th>
<th>Role</th>
</tr>
</thead>
</table>

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.