

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.

**ATTESTATION OF HONEST BROKER RESPONSIBILITIES**

**By signing below I agree/certify that:**

1. My Honest Broker team members have completed the required training, and are knowledgeable of and will comply with the federal human subjects research regulations known as the Common Rule (if applicable), the HIPAA regulations, and the UNMC/Nebraska Medicine policies covering use and disclosure of PHI for research and performance improvement purposes.
2. I have reviewed this Honest Broker application in its entirety and I am fully aware of and in agreement with all submitted statements.
3. I will ensure that the Honest Broker processes described in the application will be implemented in strict accordance with the application.
4. I will request and obtain approval for any proposed modifications to this application prior to implementing such modifications.
5. I and my Honest Broker staff will, under no circumstances, provide researchers with information that would permit re-identification of de-identified medical information or Limited Data Sets, unless proper patient authorization or waiver of authorization (if permissible) is obtained.
6. I and my Honest Broker staff will not intervene or interact with patients in the conduct of Honest Broker functions.

Honest Broker Team Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Honest Broker Process Application Approved:***

Privacy Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Vice Chancellor, Clinical Research: \_\_\_\_\_ Date: \_\_\_\_\_

Chief, Quality/Outcomes Officer: \_\_\_\_\_ Date: \_\_\_\_\_