**EXHIBIT A**

**Privacy Protections**

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| *Please read the Data Privacy and Security Guidelines in the Instructions, starting on page 4 before completing Exhibit A.* | | |
| Privacy Protections  *1. Describe how the participant’s privacy will be protected, and the limits to protection. Privacy protection may be summarized as safeguarding an individual’s expectation that the information they offer will be held in confidence. Protections should cover the following as applicable: research settings, screening activities, HIPAA provisions, forums such as focus groups where private information may be shared, transporting PHI by vehicle or on foot, and recordings of research activities. Limitations such as compelled disclosure and mandatory reporting should also be described.*  *Describe how long the PHI will be stored and the methods of destruction that will be used when discarding both electronic and paper documents with PHI.*  *Describe the required procedure to report unauthorized access, use or disclosure of PHI or confidential data.*  The project includes audio recordings. List the make and model, as well as the plan to maintain privacy and security, in the text box below.  The project includes video recordings. List the make and model, as well as the plan to maintain privacy and security, in the text box below.  The project includes external transcription services. An Oath of Confidentiality Agreement is attached. | | |
| Click here to enter text. | | |
| 2. Please select all the data elements/data fields that will be collected during the project. | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Names |  | Medical Record Numbers | |  | All geographical subdivisions smaller than a State (street address, city, zip) |  | Health Plan Beneficiary Numbers | |  | All elements of dates (except year) for dates directly related to an individual (birth date, admission date, discharge date) |  | Biometric identifiers (finger and voice prints) | |  | Telephone Numbers |  | Full face unique identifying number, characteristic, or code | |  | Fax Numbers |  | Device identifiers and serial numbers | |  | Electronic Mail Addresses |  | Account Numbers | |  | Social Security Numbers |  | Internet Protocol (IP) address numbers | |  | Certificate/License Numbers |  | Web Universal Resource Locators (URLs) | |  | Vehicle identifiers and serial numbers (license plate numbers) |  | Any other unique identifying number, characteristic, or code | | | | |
| 3. How will the data be provided/collected?  *Provide the contact information for each checked box below, including contact person’s name, email, and telephone.* | | | |
| DMH Directly-Operated Clinics: Click here to enter text.  DMH Headquarters/DMH Executives and CIOB: Click here to enter text.  DMH LE Contracted Providers: Click here to enter text.  Directly from Clients: Click here to enter text. | | | |
| 4. Will you be conducting direct interviews with the participants?  Yes  No  *If yes, please indicate all applicable categories that the interviewees will be selected from.* | | | |
| DMH Employees  DMH LE Contracted Provider Employees  DMH Clients  DMH LE Contracted Provider Clients  Public | Children/Adolescents  Pregnant Women  Older Adults  Adults  Homeless | | |
| 5. Describe the recruitment process and all the methods of communication that will be used to connect or contact participants during the research (e.g. flyer, pamphlet, email, mail, telephone, voicemail). Explain how the communication will be secured and protected from unauthorized access. | | | |
| Click here to enter text. | | | |
| 6. Indicate where you will be recruiting research participants.  *Provide the information for each checked box below, including facility name, address, and contact person for each clinic* | | | |
| DMH Directly-Operated Facilities: Click here to enter text.  DMH LE Contracted Providers: Click here to enter text.  Other: Click here to enter text. | | | |
| 7. Indicate where you will be interviewing research participants.  *Provide the information for each checked box below, including facility name, address, and contact person for each clinic.* | | | |
| DMH Directly-Operated Facilities: Click here to enter text.  DMH LE Contracted Providers: Click here to enter text.  Other: (e.g. home, clinic, in the field) Click here to enter text. | | | |
| 8. Will participants be compensated for their participation?  Yes  No  *Please describe when, where, and how the compensation will be exchanged.* | | | |
| Click here to enter text. | | | |
| 9. Will the acknowledgment of receipt of compensation contain any identifiable information?  Yes  No  *If yes, how will the information be safeguarded?* | | | |
| Click here to enter text. | | | |
| 10. Will participants be communicating with the investigator via telephone?  Yes  No  *Describe your protocol for leaving voice messages for the participants.* | | | |
| Click here to enter text. | | | |
| 11. Will participants be communicating with the investigator via e-mail?  Yes  No  Describe your protocol for exchanging e-mail messages. | | | |
| Click here to enter text. | | | |
| 12. What methods of transportation will be used when transporting paper documents that contain PHI or confidential data? (e.g. locked box, stored in locked trunk of a vehicle) | | | |
| Click here to enter text. | | | |
| 13. How long will the PHI/Confidential data be stored?  *Describe the security protocol that will be in place when data is at rest to secure the information from unauthorized access and for how long? (i.e., 2 years, June 2020)* | | | |
| Click here to enter text. | | | |
| 14. What methods of destructions will be used when discarding both electronic and paper documents with PHI or confidential data? | | | |
| Click here to enter text. | | | |
| 15. Will any data (including de-identified data) be accessed, shared or exchanged with anyone other than the PI and team (e.g., Transcription Service)? If so, please describe the PI’s relationship with the person(s) or entity (Contract – Business Associate Agreement – Other Arrangement). | |
| Click here to enter text. | |
| 16. Describe your Incident Response and Escalation Procedures for reporting unauthorized access, use or disclosure of PHI or confidential data. | |
| Click here to enter text. | |

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| NO RESEARCH ACTIVITY CAN BEGIN BEFORE  FINAL APPROVAL FROM THE HSRC | |
| DMH Privacy Officer Approval | |
| The DMH Privacy Officer has reviewed the plan for protecting client data, and has determined the plan meets or exceeds the minimum privacy protection requirements, with the exception of the following:  Click here to enter text. | |
| Print Name: Click here to enter text. | Date: Click here to enter a date. |
| Signature: Digital Image or Physical Signature Only. | |

