

CENTER FOR POPULATION HEALTH INFORMATICS
External Request For Use Of Confidential Data

Date of Application: _____ Requestor Name: _____

Requesting Organization: _____

Phone _____ Fax: _____ Email: _____

Requesting Data from Office/Bureau _____

This data contains

The data being requested will be used by (check one):

If "Other," please specify: _____

Please describe the project or your reasons for requesting the data. Use additional pages if necessary.

Please describe the data you are requesting, listing all data elements and groupings. Include amount of time you would like included in the data. Use additional sheets if necessary.

"Personally identifiable information" (PII) refers to information that can be used to distinguish or trace an individual's identity. This includes name, address, birthday, phone, driver's license or social security numbers, login credentials, credit card or banking information, and criminal record. PII is defined in OMB Circular M-07-16.

"Protected health information" (PHI) refers to demographic information, medical history, test and laboratory results, insurance information and other data that is collected by a health care professional to identify an individual and determine appropriate care. It is important to note that PHI typically contains PII. PHI was defined in the 1996 HIPAA Act.

"Confidential information" includes all non-public information, directly or indirectly disclosed through any means of communication or observation by DHH or any of its associates or contractors to or for the benefit of DHH. This includes audit information, legal documents, research applications, data security information, and personnel files.

Please describe how the data will be used.

Please describe how the findings will be used:

[Redacted area for describing how findings will be used]

Please list users who will be authorized to access the data:

[Redacted area for listing authorized users]

How will this data be secured during your project?

Password-protected computer Within the DHH Data Warehouse Other (Please describe.) _____

When will your project begin? _____ End? _____

How will patient-level information be destroyed at the completion of your project?

[Redacted area for describing destruction of patient-level information]

Does your organization incur any costs with this project? If "yes," describe and give estimated amounts.

[Redacted area for describing costs]

Does this project require DHH IRB review and approval?

If the project is subject to additional IRBs in addition to DHH, please describe.

[Redacted area for describing additional IRBs]

Signature

Date