

**CDPH PROGRAM
REQUEST FOR HCAI DATA****Application Checklist**

- "Application for HCAI Data" filled out **completely**
- Signed** "Data Agreement"
- Appropriate Data Grid(s) attached
- Signed** " [Information Privacy and Security Requirements](#) " Form

If the Committee for the Protection of Human Subjects (CPHS) determines you are conducting scientific research, please include a copy of all materials submitted to CPHS and a copy of the approval letter. If CPHS determines that your proposed project is exempt, a CPHS exemption letter is required. A CPHS approval or exemption letter is only required if you are requesting HCAI data linked with vital records data.

CDPH PROGRAM REQUEST FOR HCAI DATA

Application Instructions

Mail, fax, or email the completed and signed application to:

HCAI Data File Request

California Department of Public Health
Health Information and Research Section

Attn: Data Request Desk, MS 5102

P.O. Box 997410

Sacramento, CA 95899-7410

Phone: (916) 552-8095

Fax: (916) 650-6889

E-Mail: HIRS@cdph.ca.gov

Private courier deliveries are not accepted using the P.O. Box above. If you would like to overnight the completed application, please call or email for the physical location.

CDPH PROGRAM REQUEST FOR HCAI DATA

SECTION 1: Please read and complete each item as indicated

Name:	Telephone Number:
Branch:	Center/Office:
Street Address:	Section:
City:	E-Mail:
Zip Code:	Fax Number:

Please note, future years of HCAI data can only be requested if future years of Vital Statistics Data have also been requested for the same project. The CDPH program will need to enter into a Memorandum of Understanding.

SECTION 2: Please Select Type of Data set and Year(s) of data being requested.

Project Type (Please indicate the project type below)

Type of Project:

- New project data request – CPHS approval is pending.
- Continuing project

Data files will be provided in SAS via Secure File Transfer, unless another format is requested.

Please select one of the following:

With Social Security Number (SSN)

With Record Linkage Number (RLN)

CDPH PROGRAM REQUEST FOR HCAI DATA

Non-Public Use Data File: Includes Personal Identifiers

If requesting personal identifiers, you must provide an explanation of why these fields are needed in Section 3, question 1.

Non-Public Patient Discharge Data

Year(s) Requested:

_____ to _____

Non-Public Emergency Department Data

Year(s) Requested:

_____ to _____

Non-Public Ambulatory Surgery Center Data

Year(s) Requested:

_____ to _____

Linked HCAI/Vital Statistics Data

Patient Discharge Data Linked to Birth Cohort (1991-2012 available)

Year(s) Requested:

_____ to _____

Linked Patient Discharge/Emergency Department/Ambulatory Surgery Center/Birth Cohort Data (2005-2013 available)

Year(s) Requested:

_____ to _____

CDPH PROGRAM REQUEST FOR HCAI DATA

Linked Death Data (Probabilistic Linkage) (1990-2013 available)

Version A Version B Both Versions A and B

Year(s) Requested:

_____ to _____

Linked Death Data (Deterministic Linkage) (1990-2013 available)

Year(s) Requested:

_____ to _____

Linked Death Patient Discharge Data

Year(s) Requested:

to

Linked Death Emergency Department Data

Year(s) Requested:

to

SECTION 3: Please answer the following questions.

1. What is the purpose for obtaining these data and how will the file(s) be used? If requesting data with personal identifiers, please provide an explanation of why these data fields are needed.

2. Will the data be used to contact subjects? Yes No
3. Will the data be used for scientific research? Yes No

If the Committee for the Protection of Human Subjects (CPHS) determines you are conducting scientific research, please include a copy of all materials submitted to CPHS and a copy of the approval letter. If CPHS determines that your proposed project is exempt, an exemption letter CPHS is required. A CPHS approval or exemption letter is only required if you are requesting HCAI data linked with vital records data.

4. What safeguards are in place to protect the data from access by unauthorized users or other misuse?

CDPH PROGRAM REQUEST FOR HCAI DATA

5. Were HCAI data files previously requested? Yes No
- a. If yes, what was the date of the request:
- b. If yes, does this request change the expected uses of the files? Yes No
 If yes, please describe the changes.
-
6. When is the data needed? Date:
7. Approximate completion date for the described project? Ending Date:
8. Describe how and when you will return or destroy the original file copy and all copies made from it after completion of this project.
-
-
-
-
-
-
-
-
-
-
9. Will work on this project involve outside contractors? Yes No
- If yes, are the contractors under direct supervision of you or your staff? Yes No
10. Only those individuals named below will have access to these confidential data elements to accomplish the stated task, and identified in order of use.

Name

Organization

CDPH PROGRAM REQUEST FOR HCAI DATA

COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS

(Code of Federal Regulations, Title 45. Public Welfare, Part 46. Protection of Human Subjects)

In general, review and approval of research protocols is required by the Health and Human Services Agency Committee for the Protection of Human Subjects (CPHS) where a human subject might be exposed to a possibility of injury or harm (physical, psychological, or social) as a consequence of participation as a subject in a research project. No human subject is put at risk by a research project that uses purely statistical data which are anonymous and not traceable to individuals by the investigator and where there is a reasonable probability that the individuals to whom the data pertain consented or would have consented to the general availability of the data and its use. However, even if a purely statistical study is made of data which by its nature allows the investigator to trace the identity of subjects, then human subjects are at risk, notwithstanding the possibility that no one except the researcher is able to trace the identity of the subjects. Under similar circumstances, a research project may require review and approval by CPHS. Notwithstanding the above, in general the use of identifiable data for public health surveillance and administrative purposes by California Department of Public Health (CDPH) staff does not constitute research and does not require CPHS review.

Please contact the CPHS at 2020 West El Camino Avenue, Suite 1000, Sacramento, CA 95833, (916) 326-3660 or <https://hcai.ca.gov/> if you need further information on Health and Human Services Agency Committee for the Protection of Human Subjects.

STATEMENT OF AGREEMENT TO MAINTAIN PATIENT CONFIDENTIALITY

In consideration of any Department of Healthcare Access and Information (HCAI) data received through the CDPH Center for Health Statistics and Informatics (CHSI), I agree to preserve the confidentiality of patient(s) according to all applicable laws of the State of California. Following the minimum data necessary rule, I agree to **only** utilize the variables from the approved Data Grid. **I will not re-release these files to any other programs or individuals.** I will notify CHSI immediately if any individual accessing these data is added or deleted, or if the files will be used for any project not described in this application.

Data Requester/Steward Signature

Date

Data Requester/Steward Printed Name

CDPH Section Chief Signature

Date

CDPH Section Chief Title