

Data Request Form

Requestor Disclaimer

Important:

1. It is the responsibility of the requestor and the authorizing signer, to make sure that the information requested meets minimum necessary and need-to-know standards.
2. Data received from this request is to be used ONLY for the stated and approved purpose. Any further disclosure or use of this data is prohibited. Proper disposal of this data after its intended use is required.
3. Audits will be conducted to ensure compliance with requirements for appropriate use and disclosure.
4. Your request will be reviewed before it is completed, for appropriateness according to the purpose, and minimum necessary.

Requestor

Name: _____ Title: _____ Dept.: _____
 Extension: _____ Entity: _____ Location: _____

Purpose

Is this for T.P.O.? *Yes* ___ *No* ___ If no, is it required by law? *Yes* ___ *No* ___ If no, patient auth required
 Is this for external release? *Yes* ___ *No* ___ Provide name, and contact information of the receiving entity
 Is this for research? *Yes* ___ *No* ___ If yes, attach appropriate IRB form(s).
 Is this for marketing? *Yes* ___ *No* ___ If yes, please see instruction sheet for procedures.
 Aggregate Data or Count Only: (*Skip to Data Description section*)
 Other: _____

De-identified

Can de-identified data or a limited-data-set (*see instruction sheet*) be used for your purpose? *Yes* ___ *No* ___
 If yes, De-identified Data ___ or Limited-Data-Set ___
 If no, explain: _____

 If yes, would you like for a key to be created? (See key procedure on instruction sheet) *Yes* ___ *No* ___

Data Description

Date Needed: _____ Number of Copies: _____
 Data Delivery Method (*i.e., paper, disk, CD, file transfer*): _____
 Frequency: Once Recurring (*i.e., monthly, quarterly*): _____ (*This form must be resubmitted annually*)
 Purpose of the request and full intended use of the data/report: _____

 Indicate data recipients: _____
 Data required: See attached sample

 Criteria and/or date range: _____

 Sort: _____

Appropriate signature(s): (*see instruction sheet to determine what applies to you and your request*)
 Signature: _____ Title: _____ Date: _____
 Signature: _____ Title: _____ Date: _____

Certified Data Release Department (CDRD) Use Only:
 The Certified Department holds the responsibility by policy to question and/or deny a request based on the lack of IRB approval for research related request, lack of appropriate signature, and inconsistency between stated purpose and data requested.
 Date received: _____ Received by: _____
 Approved: *Yes* ___ *No* ___ Notes: _____
 Date completed: _____
 Report ID: _____ - _____ - _____ - _____
Dept. Year Month Code
 If data is for external release, assess the need to track this disclosure. Tracked as an accountable disclosure: *Yes* *No*