Data Request Instructions

Definitions:
- **De-identified Data**: Excludes 18 patient identifiers such as names, dates and medical record numbers
- **Limited-Data-Set**: Includes dates (birth, admit, discharge), state and zip but excludes other patient identifiers
- **T.P.O.**: T=Treatment, P=Payment (e.g., billing activities), O=Health care operations (e.g., QI, care coordination, qualification reviews, business management)
- **Minimum Necessary**: The fewest data elements necessary to complete your task
- **Need-To-Know**: You can only receive data if you need it to complete an authorized function
- **Key**: A code used to re-identify data that has been de-identified
- **CDRD**: Certified Data Release Department (see CDRD list below)

What is my responsibility? As a requestor of data you have several responsibilities. 1) Make a clear determination of how you plan to use the data (purpose). 2) Based on the purpose, determine the minimum necessary you need to complete your task. This refers to everything from the data fields of you request, to the amount of data and type of data (department, unit, entity, etc.). 3) Limit the use of the data to what you stated as the purpose on the form. 4) Do not disclose this data to any other department or individual. 5) Dispose of the data after the specifically stated project/task for which you received the data is completed.

How do I destroy the data after I am done with it? Destroy data in accordance with approved procedures.

I am using this data for:

- **T.P.O.**: Is this a function of your job? Do you plan to use it for quality assessments, performance improvement, or any other function that is required by your role in the institution? If so, your request will be evaluated only by the CDRD and completed if all other criteria are met.

What can I request? You may request information that you need in order to carry out your job, as long as the appropriate individuals authorize it.

What signatures do I need?
- A department head can authorize data requests for purposes of TPO.
- A physician requesting data for TPO must get the authorization from:
  1. If their own patients – Their signature is sufficient
  2. If their own area, all patients – Their Service Chief
  3. If multiple areas or not their own area – Service Chiefs from each area
  4. Across all or multiple areas – Medical Staff President

Research: All research related data releases, must be first approved by the LLU IRB. The Data Request Form must be accompanied with verification of the IRB approval and documentation of the individuals granted the access.

Marketing: All request for Marketing activities must go through the Marketing Department and the Data Request Form must be completed by the Marketing Department.

External Release: Do you plan to forward or pass on this information to another entity outside the OHCA, including a Business Associate? If so, your request may be reviewed by the Privacy Office for appropriateness and verification of the external entity’s plan for the data.

How long can I keep the data? Until the completion of the stated purpose (project/task).

Using de-identified or limited-data-set: Consider the use of de-identified data or limited-data-set. (See definitions.) If you are able to fulfill your purpose by using one of these two types of data, you must identify that on the form. The Certified Data Release Department (CDRD) will review all requests to determine if either of these can be used for your stated purpose.

Creating a key for my de-identified data: A key will be created by the CDRD completing your request, only if you have indicated this request on the form. The key will be kept by the CDRD and the Privacy Office. To re-identify the data for approved use, you must contact the CDRD that completed your request and identify your request with the Report ID provided by the CDRD.

Who can process this request for me?
A Certified Data Request Department (CDRD), choose one that holds or manages the data you seek:

<table>
<thead>
<tr>
<th>CDRD</th>
<th>Decision Support (MC/UHC)</th>
<th>HIM (MC/UHC)</th>
<th>FPBO</th>
<th>PBO</th>
<th>Pathology</th>
<th>Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed Care Finance</td>
<td>QM (MC/UHC)</td>
<td>I.S.</td>
<td>Cardiology</td>
<td>International Circle of Care</td>
<td>Access Center</td>
<td></td>
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<tr>
<td>Revenue Enhancement</td>
<td>Radiology Care</td>
<td>Central Intake</td>
<td>A.H. Managed</td>
<td>Trauma Registry</td>
<td>Pharmacy</td>
<td></td>
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<tr>
<td>Cancer Data Center</td>
<td>Transplant Institute</td>
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</tbody>
</table>

What is the responsibility of the Certified Data Release Department (CDRD)? To review all requests for appropriate use, minimum necessary, need-to-know, and match of requested data vs. stated purpose of the request. The CDRD must also match the requestor and data requested to the required signature(s).