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| **Data Request Application** |
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| The Center for Health Statistics (CHS) has a legal duty to protect and safeguard potentially identifiable and confidential information. CHS can provide outside entities with access to potentially identifiable and confidential information only under certain limited conditions as permitted by RCW 70.58A.520 and/or RCW 43.70.052. CHS will review Data Request applications and vet against compliance with state and federal laws and regulations, alignment with the Department of Health’s (DOH) mission, and availability of resources to compile the data. Before we can provide your information, you must: 1. Have the legal authority to access the requested information, including confidential information.
2. Be willing to have each user sign a DOH-approved consent form, if needed.
3. Provide security measures required by DOH to safeguard information and limit access.
4. Sign a data sharing agreement (DSA) with DOH, if applicable. The data sharing agreement may require you to establish and share information technology and privacy/confidentiality policies and standards that address:
	* Employee/user expectations for ensuring confidentiality;
	* Safeguards to prevent access to confidential information by unauthorized employees;
	* Employee training on confidentiality and privacy issues.
5. Have a request for data approved by DOH based on agency administrative policy 17.005 and 17.006.

[ ]  **Check here if you believe you meet the conditions above and agree to follow them.** **Instructions:** If you agree to the above conditions, please answer the following questions as completely as possible and return this form to CHS Data Sharing Coordinator: CHS.DataRequests@doh.wa.gov  |
| **[ ]**  **Check here if this request modifies or amends an existing agreement.** | **Contract or DSA #:** |
| **Section A: Who is requesting information? (Required)** |
| **Who are you representing?**  | Name of Organization:      Address:      Contact Name and Title:      Contact Telephone:      Contact Email:       |
| **Select your organization type:***"Government agencies" include state boards, commissions, committees, departments, educational institutions, or other state agencies which are created by or pursuant to statute, other than courts and the legislature; county or city agencies, United States federal agencies, and federally recognized tribes and tribal organizations. RCW 70.58A.010(16).* | **[ ]**  Government\***[ ]**  Representing Self**[ ]**  Healthcare Provider **[ ]**  For-Profit Company/Corporation**[ ]**  Non-Profit Organization **[ ]**  Student **[ ]**  Media**[ ]**  Other: Specify  |
| **Section B: What information are you requesting? (Required)** |
| **Is this request for dataset(s), general inquiry, or analytic services?***“Dataset” means a data file containing multiple records.* *"Analytic services" means a service provided by the department that includes working with vital records data in order to disseminate requested information to customers. This service includes, but is not limited to, data analysis for calculating and providing specific counts, rates, and other statistics; building and distributing aggregate reports; linkage of data; and producing record level data files and subsets of data files for customers.**"General data inquiry request" means a request for information that can be answered with use of vital records data, but without the need for extensive investigation, analysis, report building or data file production.* | **[ ]**  Dataset(s)**[ ]**  General inquiry\* **[ ]** Analytic Services\* *\*Please describe in detail the general inquiry or analytic service needed. Important note: This is not for ordering a certificate.*  |
| **How long will you need the information or what is the length of your project?** *Responses must be in months or years timeframe.*  |  |
| **What type of data do you need? Check all that apply.** *"Identifier" means a single data element that identifies an individual person.* *"Custom data" means a specialized vital records data request or data file created and released by the department.* Important note: The Department will only provide you the elements necessary for the purpose described.*"Standard data file" means routine data created and released by the Department.* | Custom data:[ ]  Birth with Identifiers[ ]  Fetal death with Identifiers[ ]  Hospitalization Patient Discharge (CHARS) with Patient Identifiers [ ]  Linked Birth-CHARS with Patient Identifiers[ ]  Linked Birth-Infant Death with Patient Identifiers**[ ]** Other: Specify Standard data files:[ ]  Birth Statistical (Annual only)[ ]  Fetal Death Statistical (Annual only)[ ]  Death Statistical (Quarterly and Annual)[ ]  Death Cause of Death Literals (Quarterly and Annual)[ ]  Death Names (Quarterly and Annual)[ ]  Death Geocode (Annual only)[ ]  Marriage and Divorce (Annual only)[ ]  CHARS Observation (Quarterly and Annual)[ ]  CHARS Inpatient (Quarterly and Annual)[ ]  CHARS Revisit[ ]  Linked Birth-Infant Death Statistical (Annual only)[ ]  Linked Birth-CHARS Statistical (Annual only) |
| **Section C: Why are you requesting information? (Required)**Include enough detail so that we can evaluate the full use and scope of proposed data use.  |
| **Describe in detail how the requested data will be used:*** What is the purpose?
* What analyses will be conducted?
* What methodologies will be used?
* What results are anticipated?
* Include the specific variables needed, if you selected any of the custom data options
* Is there any law or mandate that requires you to use these data as stated in your purpose? (for example, federal or state law, regulation, budget proviso, deliverable for a grant, etc.)?

Important note*:* If any of these questions are not answered, your request will be considered incomplete and may cause delays.  |  |
| **Describe in detail how you will disseminate the results of your analysis, including your intended audience and who will see the results.** |  |
| **Describe how you will abide by the DOH’s small numbers guidelines for reporting and disseminating information.** [Small Numbers (PDF)](https://www.doh.wa.gov/Portals/1/Documents/1500/SmallNumbers.pdf)[Small Numbers Graphic (PDF)](https://www.doh.wa.gov/Portals/1/Documents/1500/SmallNumbersGraphic.pdf)[ ]  Please check this box to acknowledge that you have read the Small Numbers guidelines. |  |
| **Will these data be used in a system or application that allows others to query aggregate information?** | **[ ]**  No**[ ]**  Yes—Describe the system and/or application and how you will ensure the security of the data feeding into the system and whether the system limits access to the queried information:  |
| **How often/ what frequency do you need CHS to provide the information?**  |       |
| **We provide our information in .csv format. Do you need the information in a different format?**  | **[ ]**  No**[ ]**  Yes: Specify  |
| **Section D: Is this data request related to a research project? (Required)**You may need to submit an application to the Washington State Institutional Review Board (WSIRB). Visit the WSIRB [website](https://www.dshs.wa.gov/ffa/human-research-review-section) for more information.  |
| **Are you using this data to link, redisclose, or contact individuals?**  | **[ ]**  No. Continue to Section E. **[ ]**  Yes. Please explain any data linking, redisclosure, or contacting individuals.      *\*If yes, you may need to complete an WSIRB application.*  |
| **Are you using this data for research?***Definition of research is based on federal regulations found in the Common Rule under 45 CFR 46.102(l) as DOH and WSIRB defines terms and abides by the same regulations.* | **[ ]**  No. Continue to Section E. **[ ]**  Yes. Continue to next question.\**\*Exclusions apply to death data.*  |
| **If you selected yes in the previous question, have you contacted WSIRB and submitted an application?** | [ ]  No. Contact [WSIRB](https://www.dshs.wa.gov/ffa/human-research-review-section) and submit an application.[ ]  Yes. I have submitted an application for approval. (please attach and send to CHSResearchRequests@doh.wa.gov)[ ]  Yes. I have a submitted an application for exemption. (please attach and continue filling out this request form)[ ]  Yes. I have an approval from WSIRB. (please attach, specifically including Appendix G and send to CHSResearchRequests@doh.wa.gov)[ ]  Yes. I have an exemption from WSIRB. (please attach and continue filling out this request form) |
| **Section E: Who will have access to this information? (Required)** |
| **List all people who will have access to the data files.** Include names, titles, and brief job descriptions.  | List all that apply:  |
| **What is your plan for disposing of the information when it is no longer being used?**  |  |
| **Will any other organizations (such as subcontractors) have access to this information?**  | **[ ]**  No**[ ]**  Yes, list: \*If yes, other organization(s) listed accessing these data may need a data sharing agreement.  |
| **Describe the methods that will be used to securely store the sensitive/confidential information AND your institution’s or agency’s documented policies and procedures governing access to systems and data.** Can your organization protect the information in accordance with [State OCIO Security Standard 141.10](https://ocio.wa.gov/policies/141-securing-information-technology-assets), and other state and federal laws and regulations surrounding the protection and confidentiality of the information? |  |
| **Section F: Why should CHS provide you this information? (For government organizations only)** |
| **Is there a specific law or other authority requiring CHS to provide you this information (for example, federal or state law, rule, budget proviso,** **deliverable for a grant, etc.)?** | **[ ]**  No **[ ]**  Yes, specify:   |
| **If you are requesting identifiable birth or fetal death information, does your purpose meet the definition of “public health purpose” as defined by** [**RCW 70.58A.520(20)(d)**](https://app.leg.wa.gov/RCW/default.aspx?cite=70.58A.520)**?** *"Public health purpose" means a purpose that seeks to support or evaluate public health activities which include, but are not limited to, health surveillance; identifying population health trends; health assessments; implementing educational programs; program evaluation; developing and implementing policies; determining needs for access to services and administering services; creating emergency response plans; promoting healthy lifestyles; and preventing, detecting, and responding to infectious diseases, injury, and chronic and inheritable conditions.* ***Public health purpose does not include research as defined in this section.***Important note: If your data use is determined to meet public health purposes for identifiable information, you will be required to submit additional information.  | **[ ]**  No **[ ]**  Yes, explain:  |
| **How else will your use of these data result in benefits to public health?**  |  |
| **Section G: Contact Information (Required)** |
| **Organization Name** |  |
| **Business Contact Name** |  |
|  Title |  |
|  Address |  |
|  Telephone # |  |
|  Email Address |  |
|  |  |
| **Data User Contact Name** |  |
|  Title |  |
|  Address |  |
|  Telephone # |  |
|  Email Address |  |
|  |  |
| **IT Security Contact Name** |  |
|  Title |  |
|  Address |  |
|  Telephone # |  |
|  Email Address |  |
|  |  |
| **Privacy Contact Name** |  |
|  Title |  |
|  Address |  |
|  Telephone # |  |
|  Email Address |  |

Business Contact: a person with authority to sign the agreement for entire agency or organization. The Business Contact will be responsible for maintaining a signed Appendix A for all individuals who have access to the data file(s). Appendix A forms are available upon request.

Data User Contact: the person who will receive the data.

IT Security Contact: a person with responsibility for ensuring data are stored and transferred in accordance with federal and state laws and regulations.

Privacy Contact: a person with responsibility for privacy/public disclosure requests; ensuring compliance with HIPAA; ensuring data are maintained in accordance with federal law.