



Data Release Request Form

Please complete this form to initiate a data request from Connexus. Connexus staff may contact you for additional documentation or other clarifications.

Contact : info@connexus.org

1. Request Summary

1.1 Requestor Information: *Primary point of contact for data release*

Name:	
Title:	
Organization:	
Email:	
Phone:	

1.2 Timing: *Please provide any deadlines or due dates that we should be aware*

Date of Request:	/ /	Desired Delivery Date:	/ /
Comments:			

1.3 Purpose of Request: *Describe the purpose for acquiring the requested data and the type of request*

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1.4 Type:

- Treatment Payment Healthcare Operations^{1,2} Public Health Research²
 Other:

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¹Healthcare Operations definition includes “conducting quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, and case management and care coordination”.

²See section 4. *Special Cases* to provide additional details for research and evaluation projects.

1.5 Legal Authority: *Do you attest to have the legal authority to request this data?*

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1.6 Outcome: *What is the expected outcome of interest for using the data from this request?*

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1.7 Funding Source: *Who will be covering the costs associated with the data extraction and release if any?*

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1.8 Further Sharing: *Do you intend to further share the data with anyone?*

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1.9 Data Breach Insurance: *Describe whether you have Cyber Liability or other data breach coverage and provide the limits of available coverage*

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2. Data Criteria

2.1 Description: *Provide a detailed description of the data set specification you are requesting*

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2.2 Frequency:

One time Weekly Monthly Annual Other:

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2.3 Specification: *Describe how you want the data filtered (i.e.: provide parameters for elements such as date range, encounter type, location, patient demographics, diagnosis, etc.). Please add rows as needed.*

Data Element	Parameters

2.4 Output Data Fields: *Which data fields do you want displayed? For longer lists please add rows or use a separate tab. (Or please attach an example of output.)*

1	
2	
3	

2.5 Output Data Format: *In what format [Access, Excel, PDF, etc.] do you want the report delivered?*

2.6 Delivery Location: *Box, DropBox, SFTP, OneDrive, etc.?*

3. Privacy Considerations

3.1 Protected Health Information (PHI): *Are you requesting PHI that may identify patients?*

- Yes No (fully de-identified data set)

3.2 PHI Data Set: *If you answer yes to 3.1, what is the level of PHI for your request?*

- Limited Data Set Fully Identifiable Data Set

3.3 Reason for PHI: *If you are requesting PHI, why do you need to identify the individual patients?*

3.4 Patient Contact: *Will you need to contact patients? If yes, how do you intend to contact them?*

3.5 Permission for Contact: *Do you have permission to contact the patients, if so what type?*

- Privacy Waiver Obtained Individual Patient Authorization Obtained

4. Special Cases

4.1 Type Definition: *Do you consider your request to be for research, program evaluation or other?*

- Research¹ QI/QA Program Evaluation Other: Specify below

Research or QI/QA requests also require completion of the Research vs QI/QA Questionnaire available at: <https://app.box.com/s/7ei6zi5i9y0p6tvjtahdsm3ibek8w8xe/file/774470257861>

¹*If a research project please also complete sections 4.2 and beyond*

4.2 IRB Approval: *Will the requested data be used in research or for another purpose that requires Institutional Review Board Approval, HIPAA Authorization, de-identification or a Limited Data Set?*

- Yes No

4.3 IRB Status: Approved Pending Exempted Rejected

4.4 IRB Study Number: *If approved or exempted, attach the approved IRB Study Protocol*

4.5 Publications: *Will you publish your results in any way and would the publication include information and/or data originated from ICC? If yes, where and how will the data be presented? Who is the audience? (Internal use, public forum, conference, website, published journal article, etc.)*

Note: *Data requested must be used in compliance with the HIPAA/HITECH and other federal/state laws and regulations, including Chapters 181 & 182 of the Texas Health & Safety Code, Chapter 521 of the Texas Business and Commerce Code, and existing agreements between the requestor and the ICC regarding use of patient information. Data source MUST be cited in publications.*