

# Connxus Data Release Request Form

Please complete this form to initiate a data request from Connxus. Connxus staff may contact you for additional documentation or other clarifications. Contact: [info@connxus.org](mailto:info@connxus.org)

## 1. Request Summary

---

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

Name

Title

Email Address

Phone Number

Organization

### 1.2 Timing: Please provide any deadlines or due dates that we should be aware of.

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.

1.4 Type:

Treatment

Payment

Healthcare Operations<sup>1,2</sup>

Public Health

Research<sup>2</sup>

Other:

<sup>1</sup>Healthcare 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".

<sup>2</sup>See 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?

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

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

# Connxus Data Release Request Form Continued

---

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

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

## 2. Data Criteria

---

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

**2.2 Frequency:**

One Time      Weekly      Monthly      Annually      Other:

**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.). For additional entries, please utilize page 5 of this form.

**Data Element**

**Parameters**

# Connxus Data Release Request Form Continued

---

**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.) For additional entries, please utilize page 5 of this form.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

**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?

# Connxus Data Release Request Form Continued

---

**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?

## 4. Special Cases

---

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

Research<sup>1</sup>                      QI/QA Program Evaluation

Other:

Research or QI/QA requests also require completion of the Research vs QI/QA Questionnaire available at:

<https://app.box.com/s/k8i4l1k8pcpjgl235grybqf758xbg3kj>

<sup>1</sup>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?

Yes                      No

If Yes to the question above, does the publication include information and/or data originated from ICC?

Yes                      No

If Yes to either question above, where and how will the data be presented? Who is the audience?

**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.

# Connxus Data Release Request Form Continued

---

**2.3 Specification Continued:** Use this section for additional entries.

Data Element	Parameters
--------------	------------

**2.4 Output Data Fields Continued:** Use this section for additional entries.

14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.