FINGER LAKES REGION DATA REQUEST FORM

[Request for Summary or Aggregate Data]

 PLEASE RETURN TO SARAH MCKINNEY (sarah\_mckinney@urmc.rochester.edu) IN PUBLIC HEALTH SCIENCES

 Name: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Details: Details/Comments:**

1

Requester phone number & email address

Department

2

Reason for Request

3

Date Desired

4

Format: Please, state your desired receipt format.

5

Research PI or who also will have access to this data

6

*(internal use only)*

RSRB Approval (when needed) (please attach copy to this form)

7

(*internal use only*)

Data Agreement Signed

8

**Report Request Details: List of variables needed in the report or data, years needed and what specific region (hospital data, Monroe County or the entire region).**

**Variable definitions are available through the Finger Lakes Region Perinatal Program web page,** [https://www.urmc.rochester.edu/finger-lakes-regional-perinatal-program.aspx](https://www.urmc.rochester.edu/finger-lakes-regional-perinatal-program.aspx%20)

**Years Requested:**

**Specific geographic area, region, hospital, etc.**:

**Specific Data Requested**:

**Variables (see data dictionary):**

\*\*\*if you have any questions regarding this form, please contact Sarah McKinney\*\*\*

FINGER LAKES REGION DATA USE AGREEMENT

[Request for Summary or Aggregate Data]

To receive Finger Lakes Region Statewide Data System data (SPDS or NICU) you must:

* Review the following conditions for data release.
* Sign this form and fax it, along with a completed ‘Finger Lakes Region Data Request‘ form to the Finger Lakes Region Perinatal Data System (585-461-4532) prior to receiving the requested report.
1. You have requested aggregate or summary data from the Finger Lakes Region Statewide Perinatal Data System. The SPDS data are collected from all birthing hospitals in the Finger Lakes New York Region. The NICU data are collected from all level II - IV hospitals in the region. It is critical that this information be released carefully and with all assurances of complete confidentiality.
2. This information has been released for the purposes of:
	* + providing supportive information for grant applications
		+ comparative analyses
3. If you are unfamiliar with the Statewide Perinatal Data System (SPDS/NICU), it is strongly recommended that you involve a SPDS/NICU expert to assist you with the interpretation of the report data.
4. Data from small areas or with small sample sizes will not be released to protect patient confidentiality.

If you have questions about any of the above requirements, or have any questions about the summary of data provided, please contact Sarah McKinney, sarah\_mckinney@urmc.rochester.edu

I understand and agree to comply with all URMC/Strong Health HIPAA policies regarding the use and disclosure of PHI.
Additional information on HIPAA requirements can be found on the URMC/Strong Health intranet site at <http://intranet.urmc.rochester.edu/policy/HIPAA>

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Data Requester Date Ann Dozier, Ph.D. Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

**\*\*** *This form cannot be used to request individual/raw data.*

#  University of Rochester

 Division of Social and Behavioral Medicine • Department of Public Health Sciences

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Updated December 2019 by Sarah McKinney