**FINGER LAKES REGION DATA REQUEST FORM**

**[**Request for Hospital Specific Data**]**

**PLEASE RETURN TO ROSEMARY VARGA (rosemary\_varga@urmc.rochester.edu) IN PUBLIC HEALTH SCIENCES**

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

**Details: Details/Comments:**

Requester phone number & email address

1

2

Department

Reason for Request

3

Date Desired

4

Format: Please, state your desired receipt format.

5

6

Research PI or who, also, will

have access to this data

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

*(Internal use only)*

7

*(Internal use only)*

8

Data Agreement Signed

**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)

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| --- |
| **Years Requested:**  **Specific geographic area, region, hospital, etc.:**  **Specific Data Requested:**  \*\*\*if you have any questions regarding this form, please contact Rosemary Varga\*\*\* |
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**FINGER LAKES REGION DATA USE AGREEMENT**

[Request for Hospital Specific Data]

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

* Review the following conditions for data release
* Sign this form and fax it, *along with the* ***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 patient specific data from the Finger Lakes Regional Data System. The PDS data is collected from all the birthing hospitals in the Finger Lakes New York Region.
2. The NICU data is collected from all Level II - IV hospitals in the said region.
3. *This information will be released solely for the purpose of Quality Assurance.*
4. *The report you receive is for internal use only. The information included is highly confidential and must be handled and stored to assure that it is not disclosed to outside entities and to protect patient confidentiality*
5. If you are unfamiliar with the Perinatal Data System (PDS/NICU), it is strongly recommended that you involve a PDS/NICU expert to assist you with interpretation of the report data.

If you have questions about any of the above requirements, or have any questions about the summary of data provided, please contact Rosemary Varga [rosemary\_varga@urmc.rochester.edu](mailto:rosemary_varga@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**](http://intranet.urmc.rochester.edu/policy/HIPAA)

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Data Requester Date Ann Dozier, Ph.D. Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print Name

**University of Rochester**

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

Box CU 420644 • Rochester, New York 14642-0644• 585-276-8737 (voice) • 585-585-461-4532 (FAX)

Updated April 2018 by Rosemary Varga