FINGER LAKES REGION DATA REQUEST FORM

(Student)

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

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

**Details: Details/Comments:**

Requester phone number & email address

1

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 (valid for one year from the time of completion)

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

[Student]

To receive Finger Lakes Regional Perinatal Data System data 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 database.
1. You have requested data from the Finger Lakes Region Statewide Perinatal Data System (SPDS). 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. The data you have requested may not be re-released by you under any circumstances without the prior approval of the Finger Lakes Regional Perinatal Data System. This includes distribution of the data file or a subset of the data file, publication or public presentation that includes this data by any person other than the person signing this agreement.
3. This information has been released for the purposes of: a class project and MAY NOT be used for other purposes such as
	* + providing supportive information for grant applications
		+ research
		+ comparative analyses

You are not authorized to use the information requested except for your class project. Should you wish to use the data for the purposes listed above you must obtain additional approvals from the Finger Lakes Regional Perinatal Data System staff.

1. This data is for your exclusive use only. *You must maintain these files in a password protected file, accessible to you only*. Failure to comply with this agreement will precluded your access to additional Perinatal Data System data and will result in a report to your advisor and program director.

If you have any 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>

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

 Student Print Name

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

Ann Dozier, Ph.D.

# 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 December 2019 by Sarah McKinney