

Research/Non-Research/Data Request

Confidentiality / Data Access Instruction

All clients who wish to access data (i.e. raw data or reports) from this Provincial Registry database must complete a Research/Data Request Form. The Data Request Form must be signed by the client. By signing this form, the client agrees to:

- ensure the confidentiality of the data is maintained
- use the data only as specified
- acknowledge this Provincial Program as the data source in any publication report
- send a copy of all publication/reports to this Provincial Program

Data files (raw data or reports) are provided for one year, following which the original dataset and any copies thereof must be destroyed. If an extension of this period is required, a written application should be provided to this Provincial Program, for each period of twelve months that is required.

Clients who wish to access institution identifying information must have a letter for the institution(s) consenting to the release of information identifying the time frame, to which accessibility applies, fields that the client may access and be signed by a Senior Administrative Office or the Director Health Records, or equivalent.

Research/Non-Research/Data Request

Type of Request

Research Data

Non-Research Data

Personal Information	
Requester Last Name	Requester First Name
Title	
Institution/Firm	Telephone number
Email Address <i>(AHS or University only)</i>	
Signature of Requester	Date <i>(yyyy-Mon-dd)</i>

Project Description
Please describe your project in terms of the following points Objectives, including a description of how the requested data will be used, analysis that will be performed, hypothesis tested, etc
Linkages, in any, with other data files, specifying the type and source of files
Release of the results, including interim and final reports and publications
The potential benefits of the research or project

Research/Non-Research/Data Request

Project Description continued	
Please attach the following (Note: Applicable only for Research Data Request)	
<input type="checkbox"/> Research protocol <input type="checkbox"/> Ethics Board Approval <input type="checkbox"/> AHS HIA Research Agreement	
Indicate the distribution of these reports or analysis results	
List the name(s) of the person(s) other than yourself who will have access to this	
Name	Title
Name	Title
Name	Title
Name	Title
Name	Title
Name	Title
Type of Request Required	
Is this a Request for Raw Data	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is this a Request for Report	<input type="checkbox"/> No <input type="checkbox"/> Yes
Data being requests for (<i>check all boxes that apply</i>) (Note: Applicable only for Non-Research Data Request)	
<input type="checkbox"/> Education/rounds <input type="checkbox"/> Quality improvement <input type="checkbox"/> Injury Prevention initiatives <input type="checkbox"/> Other (<i>please specify</i>) _____	
Please indicate the date for which you require the data?	
Date (<i>yyyy-Mon-dd</i>): _____	

Research/Non-Research/Data Request

Confidential Agreement	
<p>_____ recognizes that data released by this Provincial Program is confidential and is provided only for the specified purpose approved by this request. Any dissemination of data to persons/groups external to this agreement is prohibited in accordance with the Health Information Act of Alberta</p>	
Signature of Requester	Date (yyyy-Mon-dd)
Data Analyst (Last name, First name)	
Approval	
Provincial Designate (Last name, First name)	Date (yyyy-Mon-dd)