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| DPH Logo-Color  CONNECTICUT STATE OFFICE OF VITAL RECORDS  DATA REQUEST FORM FOR RECORD-LEVEL DATASETS FOR  LOCAL HEALTH DEPARTMENT AND DISTRICT USE | | | |
| **Requestor:** | | | |
| **Name:** |  | | |
| **Job title:** |  | | |
| **Local Health District:** |  | | |
| **Address** |  | | |
|  |  | | |
| **Telephone:** |  | | |
| **Email:** |  | | |
| **Vital Record Type:** | | | |
| **Deaths**  For 2005-present, most but not all fields on the US Certificate of Death are available.  For 1990-2004, older versions of the certificate were used and are not fully compatible with 2005+. | | **Marriages**  Record level data are available for marriages that occurred in CT for 2000-present. | **Births**  For 2000-2015, data from the 1989 revision of the US Certificate of Birth are available.  For 2016-present, data from the 2003 revision of the US Certificate of Birth are available.  Data items are not always compatible between revisions. |
| **STUDY INFORMATION** | | | |
| **Please outline the purpose of the request and the project-specific intended use of the data:** | | | |
| **Indicate who will have access to the data:** | | | |
| **The use of requested data qualifies as**\***:**    Public Health Practice    Research\*\*  Does not apply. These data are non-identifiable.  \* See attached “**Public Health Practice versus Research Checklist**”, page 4  \*\* Any request for confidential data for research purposes will be directed to the **Human Investigations Committee**. | | | |

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| **REQUESTED DATA ELEMENTS:** | |
| **Year(s):** |  |
| **Format of requested data:** | Electronic dataset containing individual records:  Excel  CSV  SAS7BDAT  Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Subsetting of records:**  Record level data are available only for events that occurred in your town/district or were residents of your town/district at the time of the event. | *E.g., causes of death, age ranges, sex, race or ethnicity, geographic area (towns, zip codes), etc.* |
| **Requested data fields/variables**\***:**  Variables are to be limited to those necessary to meet the goals of the project.  \* Social Security Numbers are fully restricted by Connecticut State Statute and are not available for any request. | *Data dictionaries are available upon request. You may attach the data dictionary with the requested fields if preferred.* |
| **Other information necessary to complete this request:** |  |
| **Requested deadline for receipt of data:** Please allow two weeks. | *Please give date and reason.* |
| **ASSURANCES** | |
| 1. I certify that the information supplied in this form is complete and accurate. 2. I confirm that I will not use the data for purposes other than described in this form. 3. I confirm that any changes in requested data use will require submission of a new Vital Record Dataset Request Form. 4. I will not permit others to use the data except for those staff named in this form. 5. I will not attempt to link nor permit others to link the data with individually identified records in another database. 6. I will establish and maintain the appropriate administrative, technical, and physical safeguards to protect the data and to prevent unauthorized use or access to it. | |

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| **Signature of Local Health Director:** | **Date:** |

**Please direct all REQUEST FORMS to the following staff:**

* Karyn Backus ([Karyn.Backus@ct.gov](mailto:Karyn.Backus@ct.gov) 860-509-7342) -or- Vital Statistics at 860-509-7658

**Public Health Practice vs. Research Checklist**

This Checklist1 presents a working draft model to help guide public health practitioners through a process to determine whether a project is public health practice (practice) or human subjects research (research) consistent with the Common Rule2 and the HIPAA Privacy Rule3. Additional questions related to the subject matter of the Checklist may require additional review of relevant sections of the report from which it was adapted.

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| **Steps and Related Assumptions and Questions** | **Yes** | **No** | **Next Action** | |
| **If Yes, then** | **If No, then** |
| Step 1: Check Key Assumptions | | | | |
| **1.A:** Does your project involve the acquisition, use, or disclosure of identifiable health data (i.e., individually-identifiable data that relate to a person’s past, present, or future physical or mental health or condition or provision or payment of health care, or identifiable bodily tissues or biological samples)? |  |  | Go to  **Step 2.** | **Stop.** This checklist does not apply since there is no identifiable health data. |
| **Step 2: Assess the Foundations of Public Health Practice** | | | | |
| **2.A:** In general, does your project involve the collection and analysis of identifiable health data for the purpose of protecting the health of a particular community, where the benefits and risks are primarily designed to accrue to the participating community? |  |  | Go to  **Step 2.B.** | Go to  **Step 3.** |
| **2.B**: Is there a *specific* legal authorization (via statute, administrative regulation, or other law) and corresponding governmental duty to use identifiable health data for a public health purpose that underlie the project? |  |  | **Stop.** This project is practice. | Go to  **Step 2.C.** |
| **2.C**: Does your project involve direct performance or oversight by a governmental public health authority (or its authorized partner) and accountability to the public for its performance? |  |  | Go to  **Step 2.D.** | Go to  **Step 3.** |
| **2.D**: Does your project legitimately involve persons who must participate in the project or did not specifically volunteer to participate (i.e., they did not provide informed consent absent a waiver under the Common Rule2?) |  |  | **Stop.** This project is practice. | Go to  **Step 3.** |
| **Step 3: Assess the Foundations of Human Subjects Research** | | | | |
| **3.A:** In general, does your project involve the collection and analysis of identifiable health data for the purpose of generating knowledge that will benefit those beyond the community of persons who bear the risks of participation? |  |  | Go to  **Step 3.B.** | The project is likely practice. Go to **Step 4**. |
| **3.B:** Does your project involve living individuals? |  |  | Go to  **Step 3.C.** | **Stop.** This project is practice. |
| **3.C:** Does your project involve, in part, private information as defined in the Common Rule? |  |  | Go to  **Step 3.D.** | **Stop.** This project is practice. |
| **3.D:** Does your project involve persons who voluntarily participate via informed consent or the consent of their guardian, absent a waiver of informed consent under the Common Rule? |  |  | Go to **Step 4**. | **Stop.** This project is practice. |
| **Step 4: Consider Enhanced Guidance** | | | | |
| **4.A:** ***General Legal Authority:*** Is there general legal authorization (via statute, administrative regulation, or other law) and a corresponding governmental duty supporting the use of identifiable health data for a legitimate public health purpose? |  |  | The project is likely practice.  Go to  **Step 4.B 1-2** | Go to  **Step 4.B 1-2** |
| **4.B.1:** ***Specific Intent***: Is there any intent underlying the project to test a hypothesis and seek to generalize the findings or acquired knowledge beyond the project’s participants? |  |  | The project is likely research.  Go to **4.C.** | Go to  **Step 4.B.2.** |
| **4.B.2:** ***Specific Intent***: Is the primary intent underlying the project to assure the conditions in which people can be healthy through public health efforts that are primarily aimed at preventing known or suspected injuries, diseases, or other conditions, or promoting the health of a particular community? |  |  | The project is likely practice.  Go to **4.C.** | Go to  **Step 4.C.** |
| **4.C:** ***Responsibility***: Is responsibility for the health, safety, or welfare of the participants vested or assigned to an identified person, like a principal investigator? |  |  | The project is likely research.  Go to  **Step 4.D 1-2** | Go to  **Step 4.D.1.** |
| **4.D.1:** ***Participant Benefits***: Is the project designed to provide some benefit to the participants or their population as a whole? |  |  | The project is likely practice.  Go to **4.E.** | Go to  **4.D.2.** |
| **4.D.2:** ***Participant Benefits***: Does the project involve additional risks imposed on participants in order to make the results generalizable beyond the participants themselves? |  |  | The project is likely research.  Go to **4.E.** | Go to  **4.E.** |
| **4.E:** ***Experimentation:*** Is the project designed to introduce non-standard or experimental elements or methods to the research subjects or the analysis of their identifiable health data? |  |  | The project is likely research.  Go to **4.F.** | Go to  **4.F.** |
| **4.F:** ***Subject Selection***: Are the participants in the project selected randomly so that the results of the project can be generalized to a larger population? |  |  | **Stop.** The project is likely research. | **Stop.** The project is likely practice. |

1 Adapted from *“Public Health Practice vs. research: A Report for Public Health Practitioners Including Cases and Guidance for Making Distinctions”,* May 24 2004, Council of State and Territorial Epidemiologists.

2 “Human subjects research” is defined in the federal Common Rule as “a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge” that involves living human subjects (or their identifiable, private data).

3 A summary of the HIPAA Privacy Rule related to public health practice follows: “DHHS recognized the potential impact the Rule could have on public health, and sought to avoid interfering with public health activities. The Rule leaves intact state and local public health laws requiring covered entities to disclose PHI.122 It also permits PHI disclosures to public health authorities for public health purposes without individual written authorization.123 Public health authorities include federal (e.g., CDC, NIH, FDA, OSHA); tribal (e.g., IHS, tribal health organizations); state (e.g. public health departments or divisions, state cancer registries, vital statistics departments); and local public health agencies (e.g., county or city health departments, local boards of health).124 Also included are those public or private partners that public health authorities work with to carry out their authorized activities through contracts, grants, and agreements. The Rule allows the disclosure of PHI to public health authorities and their authorized partners for public health purposes without written authorization: (1) when specifically required by federal, tribal, state, or local laws (pursuant to Section 164.512(a)), or (2) as otherwise permitted or authorized by law (pursuant to Section 164.512(b)). Disclosures of PHI pursuant to Section 164.512(a) may be made whenever they are required by law (as typically determined by the public health authority). State public health reporting statutes often mandate the disclosure of PHI to public health authorities for public health purposes. Under Section 164.512(b), public health authorities may acquire PHI from a covered entity provided they are generally authorized to collect or receive information for public health purposes. Thus, public health authorities do not have to rely on specific laws that authorize each collection of information for multiple diseases or conditions to seek disclosure of PHI from covered entities.