

REQUEST FOR CONFIDENTIAL CASE LEVEL EMS OR TRAUMA DATA

Health & Safety Data Services
Health Facilities & Emergency Medical Services Division
Colorado Department of Public Health and Environment

HFEMSD-C2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Phone: 303-692-2851
Fax: 303-753-6214
Scott.Beckley@state.co.us

Data maintained by the Health Facilities & Emergency Medical Services Division are held as confidential in accordance with Colorado statutes, including C.R.S. section 25-3.5-704 and corresponding rules. Requests for data or products from the Health Facilities & Emergency Medical Services Division that include confidential information (**Appendix A**) require the approval of division management. In order to begin the review process, completed copies of the following forms/documents should be sent to the Health Facilities & Emergency Medical Services Division via email, fax, or mail using the contact information above.

1. **Requestor Information Form** (page 1)
2. **Data Request Form** (page 2)
3. **Study Summary/Protocol/Proposal** and **IRB Approval**, where applicable (instructions on page 2)
4. **Data Security, Use and Confidentiality Agreement** (page 3)
5. **Requestor Supervisor/Advisor Letter** on agency letterhead (template on page 4)

Questions about this process may be directed to the Health Facilities & Emergency Medical Services Division using the same contact information. Once reviewed, the requestor will be notified of the decision and next steps.

Requestor Information Form

Date:

Requestor Name:

Title:

Agency/Institution/Organization:

Address:

City, State, ZIP Code:

Email:

Phone:

Supervisor/Advisor Name:

Title:

Agency/Institution/Organization:

Address:

City, State, ZIP Code:

Email:

Phone:

Data Request Form

Dataset: Emergency Medical Services (EMS)
 Trauma Registry (TR)

Please provide a brief summary (a few sentences) of the following items:

Information requested (if possible, please list variable names):

How will the data be used?

Desired completion date: _____

Data format: Printed/hard copy MS Access Excel
 SAS Other _____

Method of delivery: Mail (on CD/DVD) Fax
 Email Pickup (on CD/DVD, portable media)

Study Summary/Protocol/ Proposal

Additionally, please ensure the following are addressed in detail in the Study Summary/Protocol/ Proposal that is submitted with these forms:

- Summary of the project for which data will be used.
- Public health importance of the project for which data will be used.
- Description of the vital statistics data (including a listing of each data item) being requested.
- Justification for each variable requested, including justification for level of data requested (if aggregate level data meet the requestor’s need, individual-level data will not be released; if a variable can be categorized, continuous data will not be released unless the researcher can demonstrate that the study cannot be done without continuous data).
- Description of safeguards to protect the confidentiality of data and prevent unauthorized access.
- **IRB Approval/Exemption** status and documentation, where applicable.

Data Security, Use and Confidentiality Agreement

Requestors of confidential Health Facilities & Emergency Medical Services Division data must read and agree to adhere to the following terms of use and data user obligations. Please initial next to each item and sign at the bottom of this page to indicate you have read and agree to these conditions. If multiple data users will be working with the requested confidential Health Facilities & Emergency Medical Services Division data, please include a copy of this form for each user:

_____ a. Uses and Disclosures as Requested in this Agreement. The Data User shall use and disclose the confidential information provided by the Health Facilities & Emergency Medical Services Division only for the activity described in the data request. The Data User shall limit access to confidential information strictly to those individuals or classes of individuals who shall have access in order to perform the duties set forth in the application, and each of these individuals shall read and sign this agreement.

_____ b. Nondisclosure Except as Provided in this Agreement. The Data User shall not use or further disclose the confidential data except as specified in this Agreement.

_____ c. Follow-Back. The Data User shall not contact the subject of the information, the subject's next-of-kin, the subject's physician or other provider, or any other relative or interested party unless 1) the information is related to a reportable condition or disease outbreak investigation or 2) a consent process (positive or negative) has been carried out by the Health Facilities & Emergency Medical Services Division.

_____ d. Safeguards. The Data User agrees to take appropriate administrative, technical, and physical safeguards to protect the data from any unauthorized use or disclosure not provided for in this Agreement. The Data Owner shall ensure that no identifying information is transmitted through unsecured telecommunications, including e-mail or other unsecured Internet connections.

_____ e. Confidentiality Agreements. This Data Use Agreement shall also serve as a Confidentiality Agreement and shall be signed by all persons having access to the confidential information. This includes, but is not limited to, all interns, subcontractors, staff, other workforce members, and consultants.

_____ f. Reporting. Within 48 hours of the Data User's discovery, the Data User shall report to the Health Facilities & Emergency Medical Services Division any use or disclosure of the confidential information that violates either this Agreement or applicable state or federal laws or regulations.

_____ g. Public Release. No confidential information shall be publicly released. Furthermore, any reports or aggregate tabulations that are prepared shall suppress all counts and rates where the number, the numerator, or the denominator is smaller than three.

_____ h. Destruction of Records at End of Activity. Records shall be destroyed or returned to the Health Facilities & Emergency Medical Services Division upon completion of the work described in the application. The Data User agrees to send the Health Facilities & Emergency Medical Services Division written notification that the data have been destroyed or returned within 30 days of the completion of work described in the application unless the Health Facilities & Emergency Medical Services Division provides a specific date for destruction or return.

_____ i. Minimum Necessary. The Data User attests that the confidential information requested represents the minimum information necessary for the Data User to perform duties described in the application and that only the minimum necessary individuals shall have access to the confidential information in order to perform such work.

_____ j. Institutional Review Board and/or Research Protocol. If the activity involves research, the Data User agrees to furnish a research protocol and all documentation concerning Institutional Review Board reviews and to submit required documentation to an Institutional Review Board or Privacy Board shall research protocols change. The Data User also agrees to submit to the Health Facilities & Emergency Medical Services Division any change in either the waiver status or conditions for Institutional Review Board approval of the project related to work described in the application.

_____ k. Authorizations. The Data User agrees to obtain individual authorizations to the confidential information if the activity entails research, unless the Institutional Review Board approves a waiver of such an authorization. Documentation shall be provided prior to receipt of the confidential information.

_____ l. Data Ownership. The Data Owner is the Health Facilities & Emergency Medical Services Division. The Data User does not obtain any right, title or interest in any of the data furnished by the Health Facilities & Emergency Medical Services Division.

_____ m. Publication/Release Requirements. Any release of information shall include the following statement: "These data were supplied by the Health Facilities & Emergency Medical Services Division of the Colorado Department of Public Health and Environment, which specifically disclaims responsibility for any analyses, interpretations, or conclusions it has not provided." In addition, the Data User shall notify the Health Facilities & Emergency Medical Services Division when the publication or presentation is available and, further, shall provide a copy of it to the Health Facilities & Emergency Medical Services Division upon request.

Requestor Name (print):

Title:

Signature:

Date:

Requestor Supervisor/Advisor Letter

Requestors of confidential Health Facilities & Emergency Medical Services Division data are required to have a letter submitted on their behalf by a supervisor, academic advisor, department chair, or other person with direct control over the requestor and his/her work. This is done in order to verify the credentials of the data requestor and vouch for the validity of the proposed project.

Following is a template that may be used to assist in the completion of this letter:

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**User Agency Letterhead**

Colorado Department of Public Health and Environment  
Health Facilities & Emergency Medical Services Division  
HFEMSD-A2  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

Date

To Whom It May Concern:

**Data Requestor** is an **employee (student, research assistant, etc.)** at **Agency/Organization**. As his/her **supervisor (academic advisor, principal investigator, etc.)**, I am requesting that the request for confidential Health Facilities & Emergency Medical Services Division data submitted by **Data Requestor** be approved. Access to these data is necessary for the proposed **study (class project, thesis/dissertation)**, titled **Study Name**.

I understand that when the project is complete and **Data Requestor** no longer needs access to these confidential Health Facilities & Emergency Medical Services Division data, these data must be returned to the Health Facilities & Emergency Medical Services Division or destroyed. If **Data Requestor** leaves **Agency/Organization**, I will ensure replacement staff will complete the necessary Health Facilities & Emergency Medical Services Division **Data Security, Use and Confidentiality Agreement** form. If not replaced, I will ensure these data will be returned to the Health Facilities & Emergency Medical Services Division or destroyed.

Sincerely,

Name  
Title

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Appendix A

Confidential information includes data elements or other information in various Health Facilities & Emergency Medical Services Division surveillance systems that could be used to identify an individual. Data elements or products that fall into this category include (but may not be limited to):

- *Names*
- *Addresses or small (sub-county) geographic areas*
- *Social security numbers*
- *Certain dates, including birth and death*
- *Facility names and codes*
- *Rare conditions*
- *Rare causes of death*
- *Individual level data with or without identifiers*
- *Aggregate data with small cell sizes if the data could permit the deduction of the identity of any person.*