

DATA APPLICATION FORM
What We Need to Know to Process Your
Request For Information



The Ministry of Health and Long-Term Care ("*MOHLTC*" / "*Ministry*") for the Province of Ontario is compelled by law to safeguard personal health information and to manage the risk associated with the use of its data. Requests must comply with the provisions of the ***Personal Health Information Protection Act of Ontario*** and all applicable legislation governing the collection, use, disclosure, access to and disposal of personal information.

The requester is asked to complete the following form as thoroughly and accurately as possible and submit it to the contact at the end of the form. Note that filling-in Sections 1 and 2 are mandatory for all requests.

PLEASE NOTE:

On November 1, 2004, the *Personal Health Information Protection Act, 2004* (PHIPA) came into force. After this date, the Ministry can only disclose *personal health information*, for research purposes, to researchers who meet certain statutory requirements under PHIPA. These statutory requirements include the researcher submitting the following materials to the Ministry: 1) an application in writing; 2) a research plan; 3) and a copy of the decision of a Research Ethics Board (REB) approving the research plan. As well, the Researcher is statutorily required to enter into an agreement with the Ministry. For more information about PHIPA and Regulations, please see: www.e-laws.gov.on.ca

**This Data Application form is valid for 3 months after submission. Upon expiry, your file will be inactive & you will be required to resubmit your request.*

Section 1 General

1. Requester:

Name, position title, ministry/organization name, address, phone, e-mail, fax

2. Investigators:

Name of principal investigator and co-investigators along with credentials

3. Organization:

The legal entity with which we will be entering into an agreement and the name of the individual with signing authority. For MOHLTC requests, please indicate branch name and director's name.

4. Study Title:

A name for the study or project.

5. Request Purpose:

A description of your project, research purpose and study population. Clearly state the specific role of the MOHLTC data being requested.

6. Funding:

Did this study receive MOHLTC funding? Is it full or partial funding? If yes, copy of funding letter is required.

7. MOHLTC Direction:

Is this study directed or requested by any program area of MOHLTC? If yes, please provide name of program area(s) and contact person(s) include letter of support.

8. Data Users:

Names of persons who shall be working directly with the Personal Health Information/Personal Information. If persons are not from requesting organization, please indicate which organization they are from.

9. Destruction Date:

Until what date will the data be required?

10. Security:

Description of how the data will be safeguarded from inappropriate use. Where will the data be stored?

11. Publications:

What publications will be produced from the study results?

12. Partner Agreements:

What, if any, collaborative and/or funding agreements, both formal and informal, have been entered into between the Researcher and third parties?

13. Cost:

If the requesting organization is not the MOHLTC you will likely be charged for the data extraction. If you are requesting that the cost be waived, please provide justification.

14. Application Date:

The date of completing this application form.

Section 2 Data

Please summarize your requirement for MOHLTC data in the space below. If your needs are extensive or if you are unfamiliar with our data sources, you may request a Data Availability List from us.

List all requested data files and associated time periods, selection criteria and data elements below.

Please answer the following questions about the data you are requesting:

1. Does this request involve any **personal identifiers** that represent an individual e.g. Health Number, Name, Birth Date, Address, Hospital Chart#, Social Insurance Number, Physician Number, etc? If yes, please specify the identifier(s).
2. Does this request involve any **anonymized personal identifiers**? This includes encrypted personal identifiers as well as uniquely assigned "study numbers". If yes, please specify the identifier(s).
3. Does this request have **residual disclosure potential** i.e. is it reasonable to expect that the requested data could be used to identify an individual either on its own or when used along other information? Note that residual disclosure potential exists for most line-level data requests, and for most rolled-up/report requests that contain cell counts less than '5'.

If you answered "Yes" to any of the above questions, please proceed to Section 3.

Otherwise, proceed to "How to Contact Us" at the end of this document.

Section 3 Privacy

Please provide the following information:

1. If this is a request for Personal Health Information (involving personal identifiers) and your request purpose is Research, please include a copy of the Research Plan and a copy of the decision of the Research Ethics Board (REB) approving the research plan and their confirmation that the REB meets the Regulation requirements.
2. Have you collected consent to use the individuals personal health information? If yes, please include a copy of consent form. If no, please explain why not.
3. Contact with individuals is not permitted except under unique circumstances with Ministry approval. If you propose direct or indirect contact with study subjects, include in your package any consent forms, scripts or surveys that would be used during this contact. Informed consent, in a form that is acceptable to the Ministry, must be demonstrated.
4. Identify other sources and forms of data e.g. survey data, interviews, and administrative data that will be used in this project.
5. Provide details of planned linking of MOHLTC data; ie: with what other data, encrypted or not, by whom etc.

How to Contact Us

Please note that our acknowledgement of your submission does not imply that the request will be approved. A review and approval process follows receipt of the completed application.

If you have any questions or wish to submit a Request for Information, please contact either:

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