



# HEALTH DATA REQUEST

Submit this completed form to the email address:  
healthdatacentral@gov.bc.ca

Questions about the request process or any part of this application may be directed to the email address above.

**MINISTRY OF HEALTH USE ONLY**

File Number
Date Received

## PROJECT TITLE

## RELATIONSHIP TO PREVIOUS AGREEMENT(S) / PREVIOUS REQUESTS

In cases where a relationship exists between this request and a previous agreement with the Ministry of Health, or a previously approved data extract from the Ministry of Health, provide the file number(s).

Data Request File Number (if known)

Existing agreement attached

Briefly describe the relationship between this data request and previous agreement(s) / previous requests.

Proposed End Date of Project

## SUPPORTING DOCUMENTATION

### SUPPORTING DOCUMENTS

Please include electronic copies of any supporting documentation that will assist in the review process. Check as applicable.

- Funding Agreement
- Privacy Impact Assessment (PIA)
- Security and Threats Risk Assessment (STRA)
- Transfer Under Agreements (or other project-related contracts)
- General Services Agreement
- Ethics
- Other (specify)

## SECTION I: REQUESTOR INFORMATION

### REQUESTOR (Person that will be responsible for the Data)

LAST NAME		FIRST NAME		TITLE		
POSITION			INSTITUTION NAME			
STREET ADDRESS			CITY		PROV	POSTAL CODE
PHONE	FAX		EMAIL			

### INSTITUTION ADDRESS (if different from applicant address, e.g., University, Health Authority, Ministry)

STREET ADDRESS			CITY		PROV	POSTAL CODE
PHONE	FAX		EMAIL			

### SIGNATORY TO AGREEMENT (if different from the Requestor)

*The party accountable for enforcing the terms and conditions of the agreement*

LAST NAME		FIRST NAME		TITLE		
POSITION			INSTITUTION NAME			
STREET ADDRESS			CITY		PROV	POSTAL CODE
PHONE	FAX		EMAIL			

### PROJECT MANAGER (primary contact person for correspondence, if different from requestor)

LAST NAME		FIRST NAME		TITLE		
POSITION			INSTITUTION NAME			
STREET ADDRESS			CITY		PROV	POSTAL CODE
PHONE	FAX		EMAIL			

### PERSON WHO WILL RECEIVE THE DATA (necessary for establishing the Secure File)

LAST NAME		FIRST NAME		TITLE		
POSITION			INSTITUTION NAME			
STREET ADDRESS			CITY		PROV	POSTAL CODE
PHONE	FAX		EMAIL			

**PERSONS WHO WILL HAVE ACCESS TO THE DATA**

**Identify ALL individuals who will have access to the requested data AT ANY TIME. Please include requestor, signatory and/or project manager on this list if they will be accessing data. Attach a separate sheet if necessary.**

NAME	POSITION	INSTITUTION	ACCESS TO DATA FOR: <input type="checkbox"/> LINKAGE PURPOSES <input type="checkbox"/> ANALYSIS
NAME	POSITION	INSTITUTION	ACCESS TO DATA FOR: <input type="checkbox"/> LINKAGE PURPOSES <input type="checkbox"/> ANALYSIS
NAME	POSITION	INSTITUTION	ACCESS TO DATA FOR: <input type="checkbox"/> LINKAGE PURPOSES <input type="checkbox"/> ANALYSIS
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## SECTION II: PROJECT DESCRIPTION

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### BACKGROUND

Please include public interest value statement and how it relates to this application. If conducting a program evaluation, name and describe the program. Please ensure that the project objective(s) align with the established legal authorities under FOIPPA supporting the collection, use, and disclosure of requested data.

**PROJECT PURPOSE**

Please ensure the project objectives are clearly related to the data request.

**SMALL CELL SIZE**

If you anticipate that small cell size will be an issue for your project (e.g., there are fewer than five individuals in a geographic area, in a specified age group or with the same laboratory results), please describe measures that will be taken to protect against risk of possible re-identification in any publication or distribution of results.

**SECTION III: PROJECT SPONSOR (IF APPLICABLE)**

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**MINISTRY OR OTHER FUNDING**

Please indicate direct or indirect sources – e.g., grant funding agency, Ministry sponsored, operational, etc.

## SECTION IV: DATA SECURITY AND ACCESS

### DATA TRANSFER

Please indicate the preferred method of data transfer

Secure File Transfer Protocol (Ministry of Health default option)

Indicate your IT contact person to assist SFTP:

NAME	EMAIL	PHONE
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Other (please describe)

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*NOTE: Data and derived information, other than aggregated information such as statistical output, must be transferred by courier; in person by someone named above as having access to the data; or by secure file transfer as approved by the ministry.*

**E-mail, regular mail and fax are not acceptable transfer methods at any time.**

### PHYSICAL LOCATION

Indicate the physical locations(s) where data will be used or accessed, including research sites, and storage sites (if different). Indicate all general physical security measures in place at each location. Include measures taken to protect workstations, hard copy and source media.

#### LOCATION 1

LAST NAME	FIRST NAME	TITLE	
STREET ADDRESS	CITY	PROV	POSTAL CODE
PHYSICAL SECURITY METHODS <input type="checkbox"/> LOCKED FILE CABINET <input type="checkbox"/> DOOR KEYPAD <input type="checkbox"/> OTHER (SPECIFY)			

#### LOCATION 2

LAST NAME	FIRST NAME	TITLE	
STREET ADDRESS	CITY	PROV	POSTAL CODE
PHYSICAL SECURITY METHODS <input type="checkbox"/> LOCKED FILE CABINET <input type="checkbox"/> DOOR KEYPAD <input type="checkbox"/> OTHER (SPECIFY)			

*NOTE: All physical locations housing data must be locked, except when an individual authorized to access the data is present.*

Describe how, and from where, any regular maintenance and backups of your network are conducted, where backup material is stored, and backup retention schedule.

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## NETWORK SECURITY AND BACKUPS

If data will be stored on a network or system to which individuals other than identified project personnel have access, or on a system connected to a public network (the internet), indicate and describe, the network security measures in place.

### Location 1

- Firewall
- Password changed every \_\_\_\_\_ days
- Password rules (minimum length, complexity)
- Drives or folders with access restricted to persons listed in Section 1
- Health Data File encryption
- List the encryption-in-transport protocol used for accessing the health data file from a remote PC:

\_\_\_\_\_  
 Assuming health data file is encrypted, where is key stored, and is key store management documented?

\_\_\_\_\_  
 Other: \_\_\_\_\_

Security audit: \_\_\_\_\_

Access tracking: \_\_\_\_\_

Describe how, and from where, any regular maintenance and backups of your network are conducted, where backup material is stored, and backup retention schedule.

### Location 2

- Firewall
- Password changed every \_\_\_\_\_ days
- Password rules (minimum length, complexity)
- Drives or folders with access restricted to persons listed in Section 1
- Health Data File encryption
- List the encryption-in-transport protocol used for accessing the health data file from a remote PC:

\_\_\_\_\_  
 Assuming health data file is encrypted, where is key stored, and is key store management documented?

\_\_\_\_\_  
 Other: \_\_\_\_\_

Security audit: \_\_\_\_\_

Access tracking: \_\_\_\_\_

Describe how, and from where, any regular maintenance and backups of your network are conducted, where backup material is stored, and backup retention schedule.



## PERSONAL COMPUTER SECURITY AND BACKUPS

If data will be accessed or stored on the hard drive of a personal computer, identify all security measures taken to protect data residing on the PC.

### Location 1

- Electronic locking system
- Logon password
- Individual file or folder passwords
- If you use local storage of the health data file, are the files encrypted? \_\_\_\_\_
- Removable drives
- Physical attachment to floor or object
- Software firewall (describe): \_\_\_\_\_
- Antivirus (describe): \_\_\_\_\_
- Antispyware or adware (describe): \_\_\_\_\_
- If you use remote server storage for your health data, is there a policy forbidding local storage of the health data on the PC documented, trained and audited?  Yes  No
- If you use remote server storage for your health data, is there documented policy enforcing the use of encryption-in-transport (as documented in the section network security earlier in this form)?  Yes  No
- Other (describe): \_\_\_\_\_

### Location 2

- Electronic locking system
- Logon password
- Individual file or folder passwords
- If you use local storage of the health data file, are the files encrypted? \_\_\_\_\_
- Removable drives
- Physical attachment to floor or object
- Software firewall (describe): \_\_\_\_\_
- Antivirus (describe): \_\_\_\_\_
- Antispyware or adware (describe): \_\_\_\_\_
- If you use remote server storage for your health data, is there a policy forbidding local storage of the health data on the PC documented, trained and audited?  Yes  No
- If you use remote server storage for your health data, is there documented policy enforcing the use of encryption-in-transport (as documented in the section network security earlier in this form)?  Yes  No
- Other (describe): \_\_\_\_\_

*NOTE: Storage of data on laptops, notebooks, handheld devices and other portable devices (e.g. external memory) will not be permitted.*

- I have been in contact with my organization's Privacy, Security and Legislation department(s) and confirm that the organization agrees to take reasonable security measure to protect data, whether stored on paper or in electronic format that comes into its custody or control under this Agreement against unauthorized access, collection, use, disclosure or disposal in compliances with section 30 of FIPPA.

## SECTION V: DATA REQUEST

### COHORT DEFINITION / STUDY POPULATION / CONTROL / COMPARISON GROUP DEFINITION

Please provide a detailed text description of your study population including date ranges. Describe which databases and variables will be used to define your population of interest (e.g. all women in BC diagnosed with breast cancer between April 1, 2000 and March 31, 2010 in the BC Cancer Registry database).

Please indicate what databases will be used to define the study cohort(s). Please check all that apply.

- Ministry of Health (specify) \_\_\_\_\_
- External Data (specify) \_\_\_\_\_
- No initial cohort involved. Data request is for an extract.

### MINISTRY OF HEALTH DATA

Please indicate the Ministry of Health databases relevant to this data request.

- |  |  |
|--|--|
| <input type="checkbox"/> Discharge Abstracts Database              | <input type="checkbox"/> National Ambulatory Care Reporting System (NACRS) |
| <input type="checkbox"/> Medical Services Plan payment information | <input type="checkbox"/> Surgical Patient Registry                         |
| <input type="checkbox"/> Home and Community Care                   | <input type="checkbox"/> Chronic Disease Registry                          |
| <input type="checkbox"/> Mental Health Services                    | <input type="checkbox"/> Client Registry                                   |
| <input type="checkbox"/> PharmaNet                                 | <input type="checkbox"/> Health System Utilization Matrix                  |
| <input type="checkbox"/> PharmaCare                                |  |
| <input type="checkbox"/> Other (specify): _____                    |  |

**For access to each of the requested Ministry of Health databases, please submit the corresponding data variable checklist along with this application. These checklists will assist the program area in preparing your data extract. Checklists can be downloaded from the Health Data Central website at <https://www.health.gov.bc.ca/exforms/data.html>.**

**DATA LINKAGE**

Do you intend to link Ministry of Health databases to any external sources (i.e. data sources not held by the Ministry)?

- YES → complete Section VI: Linkage to External Data Source. Attach a list of all external data variables and their sources, including date.  
 NO

**DATA EXTRACT FREQUENCY**

- Once  
 Multiple (specify frequency e.g. yearly, bi-annual, quarterly) \_\_\_\_\_

**SECTION VI: LINKAGE TO EXTERNAL DATA SOURCE**

This Section is designed to capture detailed information pertaining to LINKAGE of requested Ministry of Health data to external data sources (i.e. linking distinct data sources using a linkage key such as Personal Health Number (PHN)).

**PART 1 - LINKAGE KEY TABLE**

Please complete this Linkage Key Table to indicate all linkage keys that are required to facilitate linkage (e.g. Personal Health Number (PHN), Full Date of Birth, First Name, Last Name, etc.).

Data Source	Field Name	Use for Linkage (Y/N)	Retain for Analysis (Y/N)	Rationale if requesting retention for analysis

Sample

Data Source	Field Name	Use for Linkage (Y/N)	Retain for Analysis (Y/N)	Rationale if requesting retention for analysis
<i>BC Cancer Registry</i>	<i>PHN</i>	<i>Y</i>	<i>Y</i>	

## PART 2 - LINKAGE STRATEGY

Please select one of the following linkage strategies.

- Cohort defined using External Data Source**
- Cohort defined using Ministry of Health Data**
- Others** – Please describe the proposed linkage strategy in detail. Attach supporting documents if applicable (i.e. detailed flow chart).