



**Canadian Institute for Health Information  
Client Information Request Form  
for - Aggregate Data**

Request Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

**GENERAL INFORMATION AND INSTRUCTIONS**

- a) Before completing the form, we recommend that you contact the appropriate CIHI program manager to discuss your data requirements and applicable fees.
- b) Use this form when you are requesting aggregate data. If your request is for record-level data, please use the *Client Information Request Form for Record-Level Data*.
- c) The Canadian Institute for Health Information (CIHI) has privacy protection policies for the release of data, which are available at [http://www.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=privacy\\_e.html](http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=privacy_e.html).
- d) CIHI requires requestors to obtain authorizations for the release of institution-identifiable data, unless an Act requires or an agreement with CIHI allows the release. Guidelines for what needs to be included in valid authorizations are available upon request.
- e) In order to protect confidential information, CIHI undertakes a review of all requests. Every effort is made to respond in a timely fashion, however some requests may take several weeks to review.
- f) Prior to the release of data, CIHI requires a completed *Non-Disclosure/Confidentiality Agreement for Aggregate Data*. This *Agreement* is attached to this form. It may be submitted with the request form or, if that is not practical, at a later date.

**PART A. REQUESTER INFORMATION**

**1. Requestor (or Principal Investigator):**

Last name	First name	Initials
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Organization/affiliation	Department	Position/Title
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**Requestor's contact information:**

Street	City	Province	Postal code
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Telephone number	Fax number	E-mail address
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**Organization/Affiliation address (If different from above):**

Street	City	Province	Postal code
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Telephone number	Fax number	E-mail address
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2. Request on behalf of another party:

If you are making this request on behalf of another party, please provide the following information about the other party:

Name	Position/Title	Organization/affiliation	
Street	City	Province	Postal code
Telephone number	Fax number	E-mail Address	

3. Is this request made under the Graduate Student Data Access Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach:

(a) 1-2 pages with

- your name, degree program and expected graduation date
- brief explanation of how this research will help establish sound health policies, manage the Canadian health system effectively, and/or create public awareness of the factors affecting good health
- brief explanation of how your academic preparation, work experience and/or skills will enable you to undertake this research
- brief explanation of how this research will contribute to your professional development

(b) a letter from your academic supervisor(s) which

- supports the planned research and attests to your ability to complete it
- confirms that you are enrolled as a full-time or part-time student in a graduate degree program and that the research will be used for fulfilling degree requirements

(c) brief curriculum vitae of your supervisor(s) for the planned research

**PART B. DATA REQUESTED**

1. Which CIHI data holdings(s) are you requesting data from:

Which data years are you requesting?

2. List (or attach) aggregated data you are requesting (e.g. total acute myocardial infarctions by province, with breakdown by 5-year age group and gender, etc.):

3. How do you wish to receive the data (e.g., paper, diskette, cd rom, etc..)

4. Target date for receipt of data:

**PART C. DETAILS OF THE PROJECT (OR RESEARCH STUDY)**

1. Title of project:

2. Provide a brief statement of the purpose/objective of the project:  
(or attach a copy of the project outline or research protocol)

3. Describe the data analyses to be conducted:

**PART D. INSTITUTION-IDENTIFIABLE DATA**

1. Are you requesting data that identify institutions? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If yes,

a) have you obtained signed authorizations from the institution(s) to have CIHI disclose institution-identifying information to this project?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a copy of the signed authorizations. (No data will be released until authorizations are provided.)

b) does an Act require disclosure of the requested data? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify the Act and applicable section:

c) do you have an Agreement with CIHI, which permits disclosure of the requested information? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify:

#### **PART E. TERMINATION**

In making this request, I acknowledge that failure to comply with the terms and conditions of the Non-Disclosure/Confidentiality Agreement for Aggregate Data, is cause for termination of the Agreement, and where applicable, a complaint to the Information and Privacy Commissioner or equivalent data protection authority.

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Date

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Signature of Requestor



**Canadian Institute for Health Information  
Non-Disclosure/Confidentiality Agreement  
For - Aggregate Data**

Request Number: \_\_\_\_\_

<p>Effective Date: _____</p> <p>To protect certain Information, the <b>Canadian Institute for Health Information ("CIHI")</b> and the party receiving the Information under this Agreement ("<b>Recipient</b>") identified below agree that:</p> <ol style="list-style-type: none"> <li>1. The term "<b>Information</b>" includes any personal, institutional or other information obtained from CIHI on or after the effective date.</li> <li>2. The parties' representatives for disclosing or receiving Information are:  CIHI:  Recipient:</li> <li>3. The Client Information Request Form and any attachment are considered part of this Agreement.</li> <li>4. The specific Information disclosed under this Agreement is described in Part B of the Client Information Request Form.</li> <li>5. Recipient shall only use Information disclosed to it under this Agreement for the purpose(s) described in Part C of the Client Information Request Form.</li> <li>6. Recipient shall make no attempt to use the Information to identify or contact a person or institution.</li> </ol>	<ol style="list-style-type: none"> <li>7. Recipient shall include in any such material an acknowledgement in the following form: "Parts of this material are based on data and information provided by the Canadian Institute for Health Information. However, the analyses, conclusions, opinions and statements expressed herein are those of the author, and not necessarily those of the Canadian Institute for Health Information".</li> <li>8. Recipient will provide CIHI with two copies of any published, reported or otherwise disclosed material within three months from the date of completion, unless otherwise requested by CIHI.</li> <li>9. CIHI does not warrant the quality, accuracy or completeness of the Information, which is provided "as is" without warranty or condition of any kind. CIHI shall not be responsible for any liability whatsoever or howsoever caused resulting from adopting or relying upon the Information.</li> <li>10. Unless expressly provided herein, neither party acquires any right or license under this Agreement in or to any intellectual property rights of the other party.</li> <li>11. All additions or modifications to this Agreement must be made in writing and must be signed by both parties. This Agreement is made under and shall be construed in accordance with the laws in force in the Province of Ontario.</li> </ol>
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