

**Canadian Institute for Health Information  
Client Information Request Form  
For - Record-Level 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 and to consider if aggregate or anonymous data could meet your needs.
- b) Use this form when you are requesting record-level data about individuals or institutions. If your request is for aggregate data, please use the *Client Information Request Form for Aggregate 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/weare/pcsmain.shtml>.
- d) CIHI undertakes a rigorous multi-step review process of all requests for record-level data. Every effort is made to respond in a timely fashion, however some requests may take 6 to 10 weeks to review.
- e) CIHI requires requestors to obtain consents for the release of person-identifiable data and 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 consents and authorizations are available upon request.
- f) Prior to the release of data, CIHI requires a completed *Non-Disclosure/Confidentiality Agreement for Record-Level 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, 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) and chair of the appropriate department 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) data elements you are requesting, with a rationale of the need for each:

Data Elements	Rationale
<b>Sample:</b> age and gender	For calculating age/gender adjusted incidence rates


3. How do you wish to receive the data (e.g. 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. Have you made a previous request for any CIHI data? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate

a) the request date:

b) the data requested:

3. Funding:

a) Is this project funded? Yes \_\_\_\_\_ No \_\_\_\_\_

b) If yes, by whom?

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

5. Describe the data analyses to be conducted:

6. Describe the benefits to be derived from the project:

7. Ethics Review:

a) Does this project require ethics review and approval? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not?

b) Has an ethics review body approved this project? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a copy of the approval.

If no, explain:

#### **PART D. IDENTIFIABLE DATA AND PRIVACY**

1. Are you requesting data that identifies or potentially identifies individuals?

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

a) If yes, explain why you cannot use anonymized or aggregate data:

b) Authority to Access Data

- a) Have you obtained consent from the individuals and/or authorizations from the institution(s) to have CIHI disclose identifying data to this project? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a sample consent form and/or authorization form.

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

If yes, specify the Act and applicable section:

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

If yes, specify:

3. Privacy: Is your organization subject to a privacy law? Yes \_\_\_\_\_ No \_\_\_\_\_

- a) If yes, specify:

- b) If no, does your organization have a privacy code? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a copy.

If no, describe your privacy practices:

4. Data linkage: Does your project involve linking any data from this request to other data? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes,

- a) describe what data are to be linked:

b) describe what type of linkage is required:

c) describe the rationale for this linkage:

d) Have you received approval from the other data sources for CIHI to conduct this linkage?

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

If yes, please attach the approval(s).

5. Dissemination of analysis and/or reports:

a) How do you plan to disseminate and/or publish the results of your analyses?

b) What is the expected date of dissemination and/or publication:

6. Disclosure avoidance practices:

How will you ensure that data will be aggregated prior to disclosure, to the level required in the *Non-Disclosure/Confidentiality Agreement*?

7. Security measures:

Please describe in detail the administrative, technical and physical safeguards that will be used to protect the confidentiality and security of the requested data:

8. Disposal of data:

Data are to be kept only for the time period specified in the *Non-Disclosure/ Confidentiality Agreement*. Please describe the methods by which the data will be disposed of or returned to CIHI:

**PART E. TERMINATION**

In making this request, I acknowledge that failure of myself or other persons listed in Part F of this form, to comply with the terms and conditions of the Non-Disclosure/Confidentiality Agreement, is cause for termination of the Agreement, a report to the ethics review body(s) listed in this request, and where applicable, a complaint to the Information and Privacy Commissioner or equivalent data protection authority.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Requestor

**PART F. INDIVIDUALS REQUIRING ACCESS TO THE REQUESTED DATA:**

Please complete Part F, for each person (e.g., co-investigator, research staff, etc.) who would have access to the requested data. Additions or substitutions at a later date require CIHI's prior written authorization.

Subject to the approval of this request and prior to CIHI releasing the requested information, the requestor and each individual listed in this Part must sign the *Non-Disclosure/Confidentiality Agreement for Record-Level Data*. If practical, the signed *Agreement* may be submitted with this request form.

1.

Last Name	First Name	Position/Title	
Organization/Affiliation	Department	Telephone Number	
Street	City	Province	Postal Code

2.

Last Name	First Name	Position/Title	
Organization/Affiliation	Department	Telephone Number	
Street	City	Province	Postal Code

3.

Last Name	First Name	Position/Title	
Organization/Affiliation	Department	Telephone Number	
Street	City	Province	Postal Code

4.

Last Name	First Name	Position/Title	
Organization/Affiliation	Department	Telephone Number	
Street	City	Province	Postal Code



5.

Last Name	First Name	Position/Title	
Organization/Affiliation	Department	Telephone Number	
Street	City	Province	Postal Code

6.

Last Name	First Name	Position/Title	
Organization/Affiliation	Department	Telephone Number	
Street	City	Province	Postal Code

7.

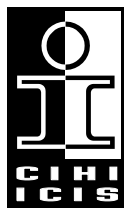
Last Name	First Name	Position/Title	
Organization/Affiliation	Department	Telephone Number	
Street	City	Province	Postal Code

8.

Last Name	First Name	Position/Title	
Organization/Affiliation	Department	Telephone Number	
Street	City	Province	Postal Code

9.

Last Name	First Name	Position/Title	
Organization/Affiliation	Department	Telephone Number	
Street	City	Province	Postal Code



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

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

<p>Effective Date: _____</p> <p>To protect certain Confidential Information, the <b>Canadian Institute for Health Information ("CIHI")</b> and the party receiving the Confidential Information under this Agreement ("<b>Recipient</b>") identified below agree that:</p> <ol style="list-style-type: none"><li>1. The term "<b>Confidential 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 Confidential Information are:  CIHI: _____  Recipient: _____</li><li>3. The Client Information Request Form and any attachment is considered part of this Agreement.</li><li>4. The specific Confidential Information disclosed under this Agreement is described in Part B of the Client Information Request Form.</li><li>5. Recipient shall only use Confidential 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 protect Confidential Information as described in part D of the Client Information Request Form. In addition, CIHI requires the following further security provisions and requirements:<ul style="list-style-type: none"><li><input type="checkbox"/> locked and controlled access to designated area</li><li><input type="checkbox"/> backup copies of Confidential Information stored in a secure area</li><li><input type="checkbox"/> automatic shutdown procedures for terminals not in use</li><li><input type="checkbox"/> a personal security pass code for each authorized individual</li></ul></li></ol>	<ul style="list-style-type: none"><li><input type="checkbox"/> Confidential Information not to be removed from designated area</li><li><input type="checkbox"/> Confidential Information not to be available or accessible to unauthorized persons while in active use</li><li><input type="checkbox"/> Confidential Information returned to the designated, secured area following active use</li><li><input type="checkbox"/> _____</li></ul> <ol style="list-style-type: none"><li>7. Recipient shall make no attempt to use the Confidential Information to identify or contact a person or institution.</li><li>8. Recipient shall not link, store or combine the Confidential Information with any other data beyond that contemplated in Part D of the Client Information Request Form, without express written authorization from CIHI.</li><li>9. Recipient may share Confidential Information with individuals listed in Part F of the Client Information Request Form who have also signed this Agreement.</li><li>10. Without the prior written authorization of CIHI Recipient shall not disclose Confidential Information to any third party individual, corporation or other entity not listed in Part F. If further disclosure is authorized by CIHI, Recipient shall require the same level of care as specified in this agreement.</li><li>11. In all other cases, prior to publishing, reporting or otherwise disclosing material, Recipient must aggregate the Confidential Information to avoid residual disclosure of the identity of individuals or institutions by ensuring that each cell has at least five observations, unless express written authorization is provided by CIHI.</li></ol>
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<p>12. Recipient shall include in any published, reported or otherwise disclosed 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".</p> <p>13. 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.</p> <p>14. After _____ years, Recipient shall destroy, or return to CIHI, all whole and/or partial copies of the Confidential Information in Recipient's possession, power or control. If Confidential Information is destroyed, Recipient will provide CIHI with an affidavit of an authorized representative attesting to completion of this task.</p> <p>15. When Confidential Information is disclosed to the Recipient based on consent of the subject individuals, Recipient shall retain the consents for the period required by law or by the organization's record retention policy. Upon request, Recipient shall provide CIHI with copies of or access to such consents.</p>	<p>16. CIHI does not warrant the quality, accuracy or completeness of the Confidential 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 Confidential Information.</p> <p>17. 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.</p> <p>18. 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</p> <p>19. Upon reasonable notice, Recipient will permit CIHI to visit the Recipient's premises to verify the Recipient's compliance with the terms of this Agreement.</p> <p>20. Failure of the Recipient or other persons listed in Part F of the Client Information Request Form, to comply with the terms and conditions of this Agreement is cause for termination of this Agreement, a report to Ethics Review Body(s), and where applicable, a complaint to the Information and Privacy Commissioner or equivalent data protection authority.</p>
<p><b>Canadian Institute for Health Information</b></p> <p>495 Richmond Road, Suite 600 Ottawa, Ontario K2A 4H6 (tel. 613-241-7860, fax 613-241-8120)</p> <p style="text-align: center;">or</p> <p>90 Eglinton Avenue East Suite 300 Toronto, Ontario M4P 2Y3 (tel. 416-481-2002, fax 416-481-2950)</p>  <p>_____ Signature</p>  <p>_____ Name (print)</p>	<p><b>Recipient</b></p> <p>_____ Organization</p> <p>_____ Address</p> <p>_____ Signature</p> <p>_____ Name (print)</p> <p>_____ Title</p> <p>_____ Date signed</p>

<div> <div>Title</div> <div>Date signed</div> </div>	
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**Other Persons  
with access to the Confidential Information:**

Signature	Signature
Name (print)	Name (print)
Title	Title
Date	Date

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