

Vision: Optimal health for expectant mothers and the infants that are born each year in Alberta

Request for Access to Alberta Perinatal Health Program Data - Page 1

Name and Title of the Individual Making the Request: _____

Organization the Requesting Individual Represents: _____

Telephone Number: _____ Email Address: _____

Specific Variables Required: _____

Time Frame - Year(s) of Data Required: _____

Purpose of Inquiry: _____

Intended Use of the Information: _____

Health Research Ethics Approval provided Yes Pending

Research Proposal Provided: Yes Pending

Will the project for which the data are required be funded? Yes No Application Pending

Date when the Data are Required: _____

I hereby agree to the following conditions:

1. To comply with the Health Information Act and regulations made under the Act including but not limited to Sections 48 to 56.
2. Client confidentiality and identity will be protected. Information that has the potential to identify an individual, hospital or physician can never be reported or published.
3. Data provided through this request will be used only for the research study for which it was approved. A second data request / approval is required if secondary analysis is proposed.
4. Data provided will be used by the undersigned applicant only unless otherwise stated in the request.
5. The data must be used appropriately, have restricted access, be maintained securely. Data will not be shared outside of the study team. Data must be stored on a computer that is protected behind a firewall and must not be stored on portable computers or external drives.
6. Data must be destroyed at the end of the study unless the researcher has been granted permission by the APHP to keep a copy of the data to meet the requirements for publication. The APHP must be notified when the project has been completed and the data has been destroyed.
7. The undersigned shall take responsibility for his/her own interpretation of the data. The Alberta Perinatal Health Program will provide the undersigned with definitions and limitations of the data upon its release.
8. The Alberta Perinatal Health Program may request to examine any proposed manuscript and has the authority to remove parts considered improper or inappropriate for publication or transmission.
9. Presentations, reports, or publications using data from the Alberta Perinatal Health Program database(s) will acknowledge the program as the source of data. The extent of recognition (co-authorship etc) will be defined at the time the request is granted.
10. If the terms and conditions of this agreement are not met or are contravened, the agreement is cancelled.
11. The researcher(s) must not contact the research subjects to obtain additional information.
12. The APHP has the right to access the researcher's premises to confirm compliance with conditions of this agreement and the Health Information Act.

Date

Applicant Signature

Request for Access to Alberta Perinatal Health Program Database(s) - Page 2

To be completed by the Alberta Perinatal Health Program:

Cost Estimate for the above request is: _____

Approval has been granted to disclose the variables listed on page 1 to the named researcher under the Authority of Sections 53 and 54 of the Health Information Act:

Yes No

Data are to be used solely for the purpose of the project: _____

Date

Signature
Alberta Perinatal Health Program Representative(s)

To be completed by the Applicant after approval has been granted:

I agree with the conditions set out by the Alberta Perinatal Health Program on page 1 as well as the cost estimate on page 2.

Date

Applicant Signature