

Data Request Form

In order to request EMS & Trauma data complete the following information and submit electronically or by fax to: Donald.K.AU@state.or.us, Fax (971) 673-0990. Should you have any questions you may contact Donald Au at (971) 673-0521.

ORS431.635¹

****FOR RESEARCH USE ONLY****

Release of information from Oregon Trauma Registry

(1) As used in this section, individually identifiable information means:

(a) Individually identifiable health information as that term is defined in ORS [179.505](#) ([Disclosure of written accounts by health care services provider](#)); and

(b) Information that could be used to identify a health care provider, ambulance service medical transportation agency or health care facility.

(2) Notwithstanding ORS [431.627](#) ([Designation of other trauma centers](#)), individually identifiable information may be released from the Oregon Trauma Registry:

(a) For use in executive session to conduct specific case reviews by:

(A) The State Trauma Advisory Board or any area trauma advisory board;

(B) The State Emergency Medical Service Committee; or

(C) The Emergency Medical Services for Children Advisory Committee.

(b) For quality assurance or quality improvement purposes to an emergency medical services provider or a designated trauma center if the information is related to the treatment of an individual by the provider or center.

(c) To a person conducting research only if an institutional review board has approved the research in accordance with 45 C.F.R. part 46 and the person agrees to maintain the confidentiality of the information.

(3) The Oregon Health Authority may release only the minimum amount of individually identifiable information necessary to carry out the purposes for which it is released under this section. [2009 c.848 §4; 2009 c.848 §4a]

Before publishing reports, papers, journal articles, or any other form of public release from your research. A pre-publish copy of materials must be sent to the Oregon Health Authority.

Process for Oregon EMS & Trauma Data Request

Oregon Trauma Registry (OTR) reports are generated from patients entered into the trauma system or who meet criteria for inclusion in the registry. Patients suffering traumatic injury who do not meet inclusion criteria, who are treated at non-trauma hospitals or declared dead at the scene are not included in these reports. Data is submitted to the Oregon Trauma Registry by 45 accredited trauma centers, and represents a subset of Oregon's patients who suffer traumatic injury.

Policy and Procedure

In order to facilitate requests for data from the Oregon Trauma Registry (OTR), while maintaining confidentiality pursuant to ORS 431.627(4)(a) and 41.675, specific procedures for such requests must be adhered to. [Learn more about ORS 431.627](#)

- Requestor must complete and sign the Data Request Form.
- Requestor may send completed and signed for electronically to Donald.K.AU@state.or.us or via fax to (971) 673-0990.
- Oregon Health Authority staff will schedule the data request for review at a weekly Oregon Trauma Registry update meeting. The primary requestor will be notified within 10 working business days as the approval, denial, or tentative approval of a request.
- If you have questions regarding the completion of this form. Please contact Donald Au at (971) 673-0521.

Privacy Rules

- Recipient of data will not use or disclose any of the data other than permitted by this data use agreement or otherwise required by law.
- Recipient will use appropriate safeguards to prevent the use or disclosure of the information, except as provided for in the agreement. Recipient is required to report to the covered entity and uses or disclosures in violation of the agreement of which the recipient becomes aware.
- This agreement holds any agent of the recipient (including subcontractors) to the standards, restrictions, and conditions stated in the data use agreement with respect to the information.
- Recipient will not identify the information or contact the individuals.

OHA staff will either: approve, tentatively approve with request for IRB approval, or deny your request within 10 working business days.

Purpose of Data Request **Date Requested:** **Box 1**

A. Describe the purpose of this data request, including the specific uses and disclosures of the data that will be used:

B Is the purpose of the data request one of the following?

Public Health Activities

Health Care Operations (i.e. quality improvement, quality assurance, teaching, accreditation, development of clinical guidelines.)

Research – If the data request is for research purposes, please complete the following:

List Principal Investigator(s):

Name(s)	Title(s)	Affiliation(s)
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Has, or will the study be approved by an IRB?

Yes No

If yes, provide a copy of the original and current IRB approvals. **Note additional review by the Public Health IRB may be necessary.*

C. How will your results be presented, published or otherwise disseminated? Please provide specific information about journal(s) you intend to submit your results.

D. Will you re-release the data to a third party?

Yes No

If yes, describe the user access restrictions you will employ:

E. Will the data be linked to other data sets?

Yes No

If yes, which data sets?

Requestor Information (Who is requesting the information?)

Box 2

Name:

Title:

Affiliation:

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

Will the data being requested be analyzed or shared with multiple authorized users?

Yes

No

If yes, the Requestor is considered the overall responsible party.

List authorized users below:

Name(s)

Title(s)

Affiliation(s)

Are you requesting a single data transfer or repeated transfers as updates become available?

Single

Repeated

Describe the administrative, technical and physical safeguards you will use to protect the requested data set:

Provide a plan for the destruction of **all data** when the project is complete, including a date by which the data will be destroyed:

Destruction Date:

Description of Data Requested:

Box 3

**Note – the Oregon Health Authority reserved the right to combine certain variable ranges to protect confidentiality of if record-level data or aggregated data with small cell sizes is requested.*

Data Set Name:

Include data set description:

Are you requesting:

Aggregated data

Record level data

If record level data, will records in the requested data be matched with data in any other data set either by the Requestor or Provider?

Yes

No

If yes, Please describe:

GEOGRAPHY

State

County (specify):

Other: e.g. zip code, census tract, location, etc):

Year(s):

Most Recent:

OTHER DATA ELEMENTS and SPECIFIED VALUE RANGES

Box 4

(Example: "Age" or "ages 15-17 only");

List non-identifier variables in the data set:

To be determined. (Variables must be identified prior to final approval and entering into data use agreement.)

List of variables: [Oregon Trauma Data Dictionary](#)

Are you requesting any of the following data elements? (Check all that apply):

Box 5

Names

Postal address information, other than town or city, State and Zip code

Any other geographic subdivision smaller than the state

All elements of dates (except year)

Telephone numbers

Fax number(s)

E-mail addresses

Social Security Number(s)

Medical Record Number(s)

Health plan beneficiary numbers(s)

Account number(s)

Certificate or license number(s)

Vehicle identifiers and serial numbers, including license plate numbers

Web universal resource locators (URLs)

Internet Protocol (IP) address number(s)

Biometric identifiers, including fingerprints and voiceprints

Full face photographic images and any comparable images

Any other unique identifying number, characteristic or codes

Preferred file format:	Box 6
Preferred manner of data transfer:	
Date data is needed:	
Signature and Date of Principal Investigator(s)	Box 7
Signature	Date
Signature	Date
Signature	Date

FOR OFFICIAL USE ONLY

Request is Approved	Request is Denied	Request is tentatively approved
Reason(s) for denial:		
Date reviewed by OTR staff:		
Signature of authorized manager and printed name:		
Signature	Date	
Printed Name		