

DATA USE AGREEMENT/REQUEST FORM
RHODE ISLAND HOSPITAL DISCHARGE DATA
Center for Health Data & Analysis, R.I. Department of Health

I acknowledge that access to the information from the Rhode Island Hospital Discharge Data described below and provided by the Center for Health Data & Analysis, R.I. Department of Health, is granted solely upon the condition that I agree to abide by the terms set forth in this Release Assurances Form.

Requested data files:

Standard public use data file(s) -- Check time periods requested:

Calendar years (January 1 – December 31)

<input type="checkbox"/> 1988	<input type="checkbox"/> 1989	<input type="checkbox"/> 1990	<input type="checkbox"/> 1991	<input type="checkbox"/> 1992	<input type="checkbox"/> 1993
<input type="checkbox"/> 1994	<input type="checkbox"/> 1995	<input type="checkbox"/> 1996	<input type="checkbox"/> 1997	<input type="checkbox"/> 1998	<input type="checkbox"/> 1999
<input type="checkbox"/> 2000	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	<input type="checkbox"/> 2003	<input type="checkbox"/> 2004	<input type="checkbox"/> 2005
<input type="checkbox"/> 2006	<input type="checkbox"/> 2007	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009		

Hospital fiscal years (October 1 – September 30)

<input type="checkbox"/> 1988	<input type="checkbox"/> 1989	<input type="checkbox"/> 1990	<input type="checkbox"/> 1991	<input type="checkbox"/> 1992	<input type="checkbox"/> 1993
<input type="checkbox"/> 1994	<input type="checkbox"/> 1995	<input type="checkbox"/> 1996	<input type="checkbox"/> 1997	<input type="checkbox"/> 1998	<input type="checkbox"/> 1999
<input type="checkbox"/> 2000	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	<input type="checkbox"/> 2003	<input type="checkbox"/> 2004	<input type="checkbox"/> 2005
<input type="checkbox"/> 2006	<input type="checkbox"/> 2007	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009		

Other data file (describe):

Proposed use of requested datafile(s): (Attach pages as necessary)

I agree to comply with the following conditions:

Confidentiality

1. The confidentiality of the Hospital Discharge Data described above will be maintained as required by Chapter 5-37.3-4 of the General Laws of Rhode Island (Confidentiality of Health Care Information Act) and by all federal and state laws and regulations governing confidentiality of such information, and by requirements specified by the Institutional Review Board of the Rhode Island Department of Health for the protection of human subjects, where applicable.
2. No information from the Hospital Discharge Data described above will be published or disseminated in a form that might permit identification of an individual patient.
3. The Hospital Discharge Data described above will not be transmitted to any other party in a form in which the data are specified at the level of individual hospital discharges, unless the proposed recipient first files a Release Assurances Form with the Center for Health Data & Analysis, R.I. Department of Health, covering the data to be transmitted.
4. If and when disposed of, all information provided under this agreement will be handled as follows:
 - a) Paper records will be shredded or burned; CDs will be destroyed or returned to the Center for Health Data & Analysis, R.I. Department of Health; **and**
 - b) Computer tapes and diskettes will be completely erased or returned to the Center for Health Data & Analysis, R.I. Department of Health.

Attribution

- 5. No statement shall be made indicating or suggesting that interpretations drawn from the Hospital Discharge Data are those of the Rhode Island Department of Health or of the State of Rhode Island.
- 6. If cited in a publication or presentation, the source of the data will be acknowledged as the Rhode Island Hospital Discharge Data, Center for Health Data & Analysis, Rhode Island Department of Health.

Commercial Use

- 7. The received Hospital Discharge Data will not be used for any commercial purpose, as defined in Section 38-2-6 of the General Laws of Rhode Island (Public Access).

Cost of Production and Payment

- 8. The cost of production of the received data is provided below. Payment must be received prior to release of the data. Money orders or cashier's checks are the only forms of payment accepted, made **Payable to "General Treasurer, State of Rhode Island."** Please mail or bring payment to:

Center for Health Data & Analysis
Department of Health
Cannon Building, Room 407
3 Capitol Hill
Providence, RI 02908

The R.I. Department of Health uses the United States Postal Service. At your request and for an additional charge, the materials can be shipped overnight via the United States Postal Service. See below for charges.

Cost of Production	\$100 x Number of Years Requested = \$.00	
Regular Mail No additional Cost	\$ 0.00	\$ 0.00
Optional Services Overnight Shipping via United States Postal Service	\$15.00	\$.00
Total Payment Enclosed*	Total	\$.00

*Money orders or cashier's checks Payable to "General Treasurer, State of Rhode Island"

Misuse and Penalties

- 9. I accept responsibility for any misuse of the information provided and agree to hold Rhode Island Department of Health harmless for such misuse.

10. Should I fail to comply with the terms and conditions of this Release Assurances Form, access to the Hospital Discharge Data will be terminated immediately, and all data will be returned to the Center for Health Data & Analysis, R.I. Department of Health. I understand that unauthorized disclosure of information from confidential records may be punishable, upon conviction, by a fine and/or imprisonment or both, and/or civil penalties as prescribed by law.

Signature _____
Date _____
Name _____
Title _____
Organization _____
Address _____

Telephone _____
E-Mail _____

The information above is maintained by the Center for Health Data & Analysis for the purpose of enforcement of this Data Use Agreement. This information may also be used by the Center for Health Data & Analysis to create a mailing list. The mailing list allows the Center for Health Data & Analysis to send users information such as notices about the release of data and errata when data errors are discovered.

- I do not wish to be included on the Center for Health Data & Analysis mailing list.**

Shipping Information

11. Please specify the address to which you would like the Hospital Discharge Data mailed, if different than above.

Name _____
Title _____
Organization _____
Address _____

Approved by: _____ Date _____
Chief, Center for Health Data & Analysis