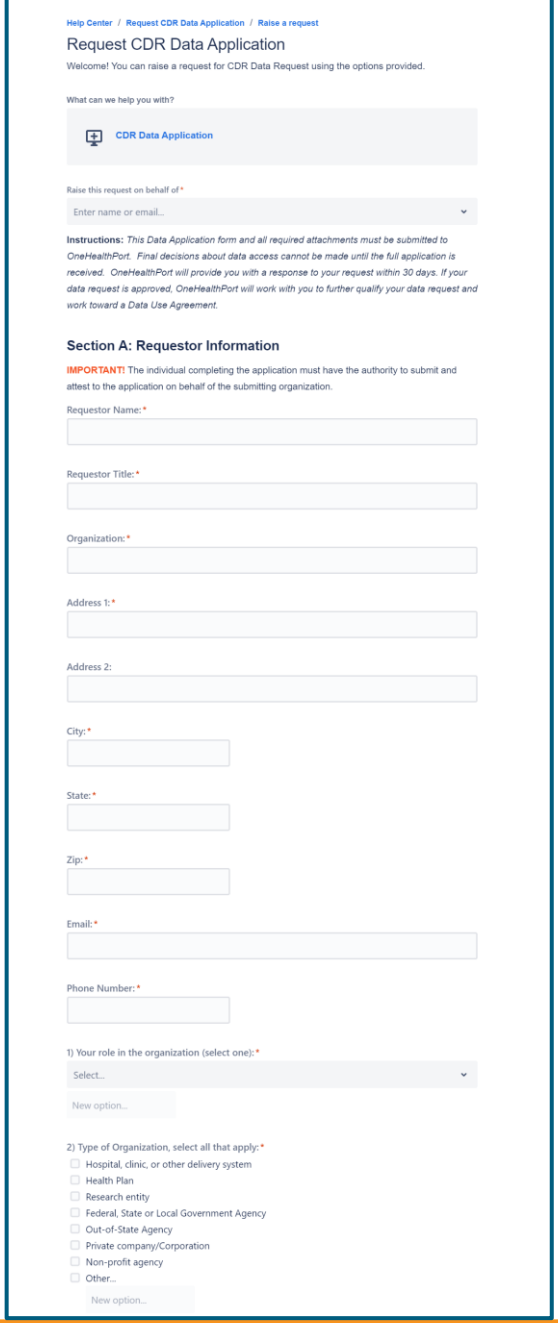
Clinical Data Repository Data Application

Quick Guide

Section A: Requester Information

- The first section of the data application is the requester information.
- **Important!** – The individual completing the application must have the authority to submit and attest to the application on behalf of the submitting organization.



Help Center / Request CDR Data Application / Raise a request

Request CDR Data Application

Welcome! You can raise a request for CDR Data Request using the options provided.

What can we help you with?

CDR Data Application

Raise this request on behalf of *

Enter name or email...

Instructions: *This Data Application form and all required attachments must be submitted to OneHealthPort. Final decisions about data access cannot be made until the full application is received. OneHealthPort will provide you with a response to your request within 30 days. If your data request is approved, OneHealthPort will work with you to further qualify your data request and work toward a Data Use Agreement.*

Section A: Requestor Information

IMPORTANT! The individual completing the application must have the authority to submit and attest to the application on behalf of the submitting organization.

Requestor Name: *

Requestor Title: *

Organization: *

Address 1: *

Address 2:

City: *

State: *

Zip: *

Email: *

Phone Number: *

1) Your role in the organization (select one): *

Select...

New option...

2) Type of Organization, select all that apply: *

- Hospital, clinic, or other delivery system
- Health Plan
- Research entity
- Federal, State or Local Government Agency
- Out-of-State Agency
- Private company/Corporation
- Non-profit agency
- Other...

New option...

Section B: Data Request Information

- Indicate the purpose and a description of the project for which the requested data will be used.

Section B: Data Request Information

3) For what purpose are you requesting data? *

- [ ] Patient Care
- [ ] Population Health
- [ ] Care Quality
- [ ] Public Health
- [ ] Patient Consumer Access
- [ ] Community Social Service
- [ ] Research with IRB approval (OneHealthPort will collect a copy of your approved or exempt IRB determination status notification)
- [ ] Research not subject to IRB review
- [ ] Other...

New option...

If you checked Research, not subject to IRB review, describe why data request is not subject to IRB review.

Normal text

4) Describe your project and how you will use the CDR data. Provide enough detail so that reviewers will be able to assess the suitability of the Data Application request such as project goals and intended audience. *

Normal text

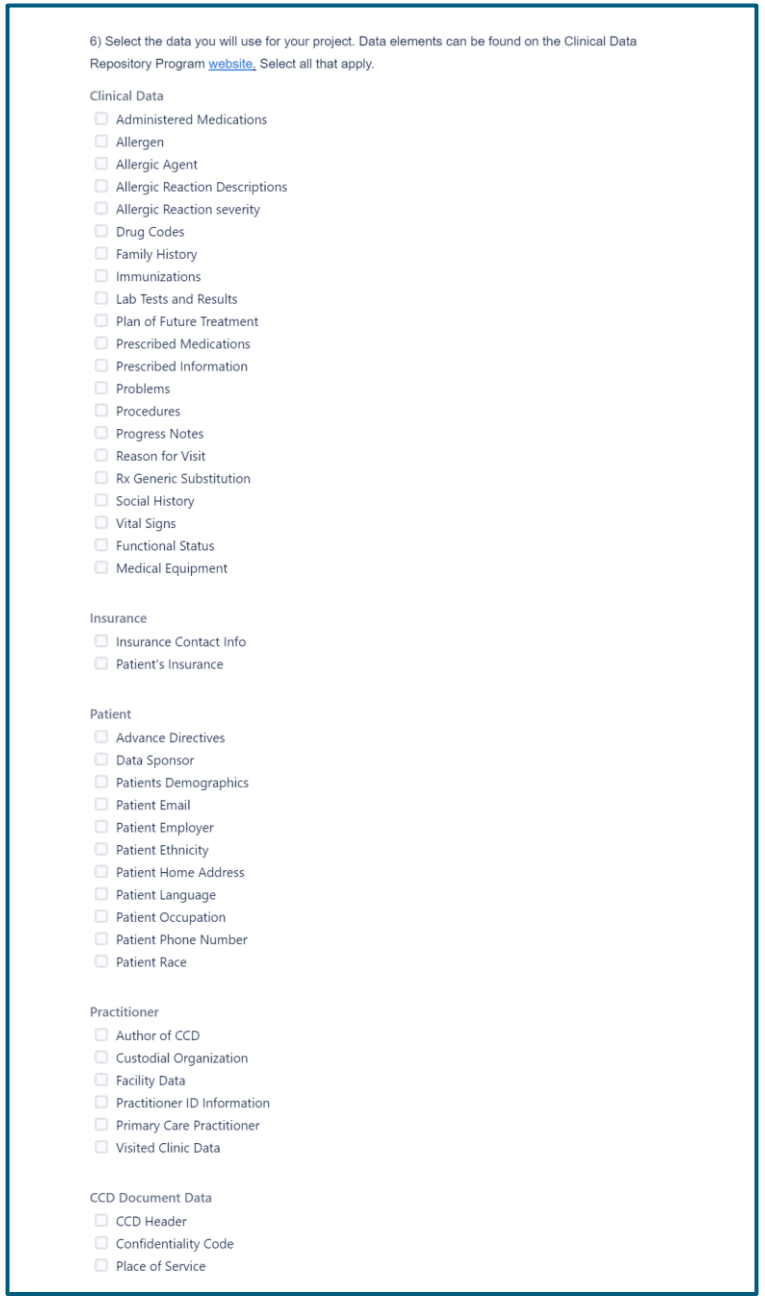
5) Are you requesting identified or deidentified data: *

- [ ] Identified
- [ ] Deidentified

Refer to §164.514 and WA OCIO data classification for deidentification standards.

Section B: Data Request Information Cont.

- Review the CDR Data Set Description document to learn more about the available data.
- Check the box next to the data categories that will be used to support your data application.



6) Select the data you will use for your project. Data elements can be found on the Clinical Data Repository Program website. Select all that apply.

Clinical Data
- Administered Medications
- Allergen
- Allergic Agent
- Allergic Reaction Descriptions
- Allergic Reaction severity
- Drug Codes
- Family History
- Immunizations
- Lab Tests and Results
- Plan of Future Treatment
- Prescribed Medications
- Prescribed Information
- Problems
- Procedures
- Progress Notes
- Reason for Visit
- Rx Generic Substitution
- Social History
- Vital Signs
- Functional Status
- Medical Equipment

Insurance
- Insurance Contact Info
- Patient's Insurance

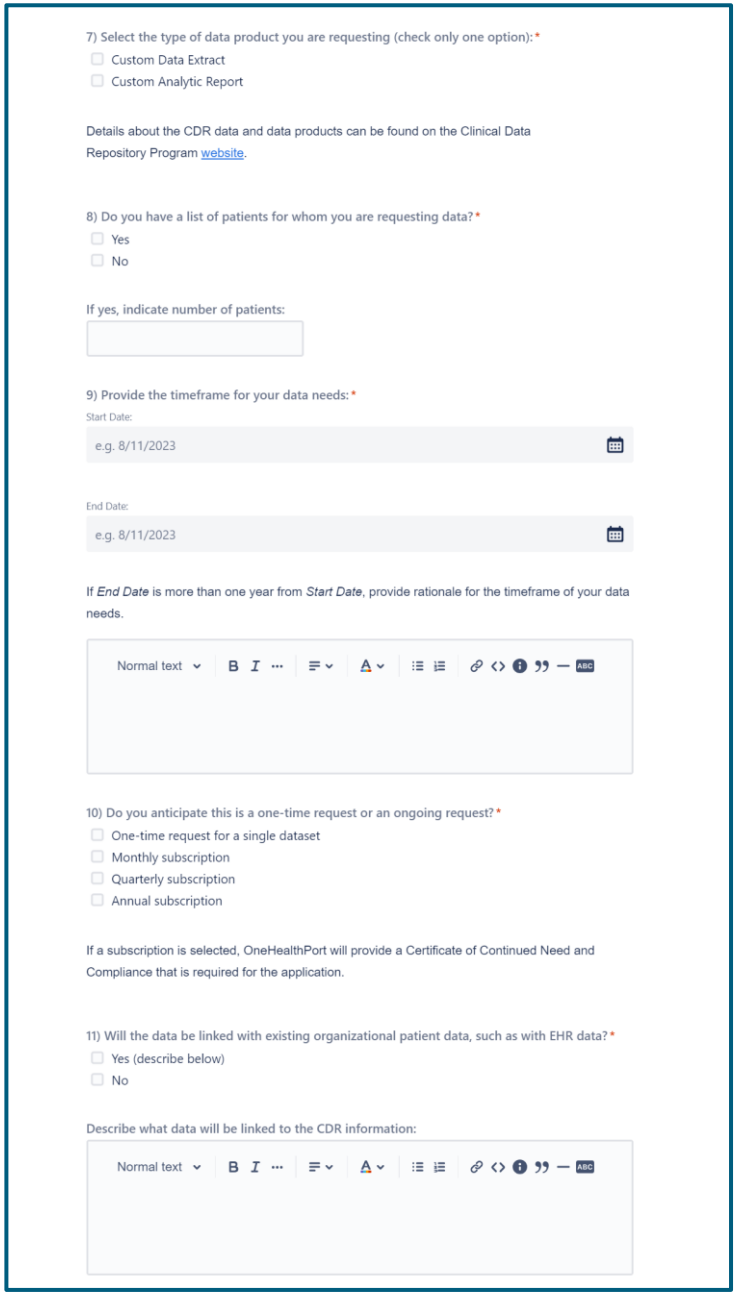
Patient
- Advance Directives
- Data Sponsor
- Patients Demographics
- Patient Email
- Patient Employer
- Patient Ethnicity
- Patient Home Address
- Patient Language
- Patient Occupation
- Patient Phone Number
- Patient Race

Practitioner
- Author of CCD
- Custodial Organization
- Facility Data
- Practitioner ID Information
- Primary Care Practitioner
- Visited Clinic Data

CCD Document Data
- CCD Header
- Confidentiality Code
- Place of Service

Section B: Data Request Information Cont.

- Complete the questions regarding type of data requested.
- Be specific about the time period for the data you are requesting to ensure it supports the intended use.



7) Select the type of data product you are requesting (check only one option):*
- Custom Data Extract
- Custom Analytic Report

Details about the CDR data and data products can be found on the Clinical Data Repository Program website.

8) Do you have a list of patients for whom you are requesting data?*
- Yes
- No

If yes, indicate number of patients:

9) Provide the timeframe for your data needs:*

Start Date:

e.g. 8/11/2023

End Date:

e.g. 8/11/2023

If *End Date* is more than one year from *Start Date*, provide rationale for the timeframe of your data needs.

Normal text

10) Do you anticipate this is a one-time request or an ongoing request?*
- One-time request for a single dataset
- Monthly subscription
- Quarterly subscription
- Annual subscription

If a subscription is selected, OneHealthPort will provide a Certificate of Continued Need and Compliance that is required for the application.

11) Will the data be linked with existing organizational patient data, such as with EHR data?*
- Yes (describe below)
- No

Describe what data will be linked to the CDR information:

Normal text

Section C: Confidentiality and Security of Data Set

- Submitter must agree to the data destruction and the Confidentiality Agreement requirements.
- Submitter must type in name as authorized signature for submission of application.
- After application is sent, OneHealthPort will work with the data requester to complete additional documents that will be included in the data application packet.

Section C: Confidentiality and Security of Dataset

12) Data Destruction: *

Per the Data Use Agreement (DUA), the data recipient must provide evidence to OneHealthPort that the data has been destroyed after the project has been completed. A signed Certificate of Project Completion & Data Destruction must be provided within 10 days of the end of the project, or termination of the DUA, whichever is sooner. Check the following box to indicate you will abide with these data destruction requirements.

☐ I agree to the data destruction requirements.

13) Briefly describe your plan to protect the information in accordance with HIPAA, OCIO 141.10 or other state or federal regulations: *

Normal text

14) Do you plan to share the CDR data or derived data products with anyone other than the authorized data users from your organization? *

☐ Yes (OneHealthPort will provide a Recipient Data Output that is required for the application)

☐ No

15) Requestor is also required to complete a List of Authorized Data Users and submit a Confidentiality Agreement signed by each user. OneHealthPort will provide these documents to the data requestor and collect all signed documents. *

☐ I agree to provide a Confidentiality Agreement executed by each authorized data user prior to accessing the CDR data.

By submitting this data request form, I attest to 1) *the accuracy of the information provided*, 2) *my organization's ability to meet data privacy and security requirements*, and 3) *my authority to act on behalf of the organization seeking CDR data for the purposes described in this application.*

Type name below as signature *

Send Cancel

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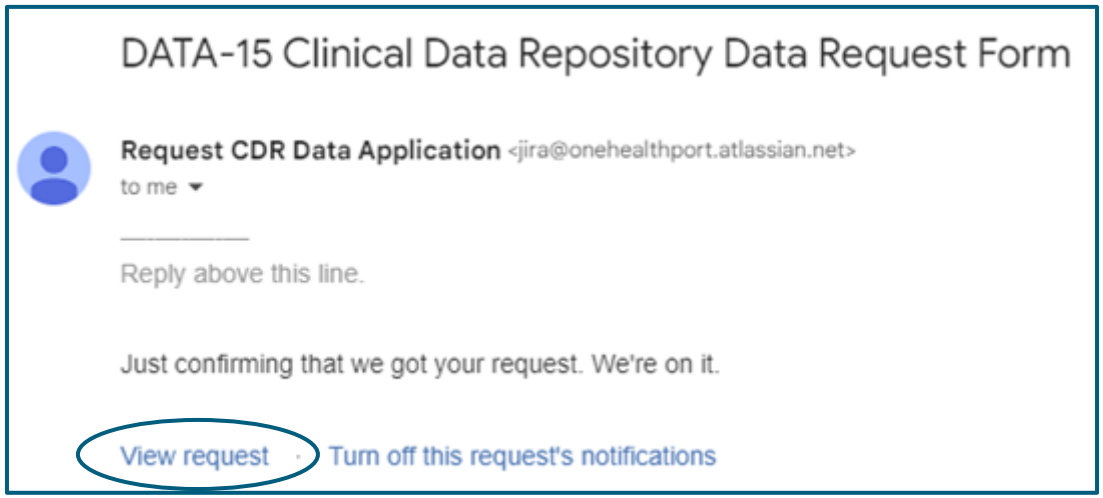
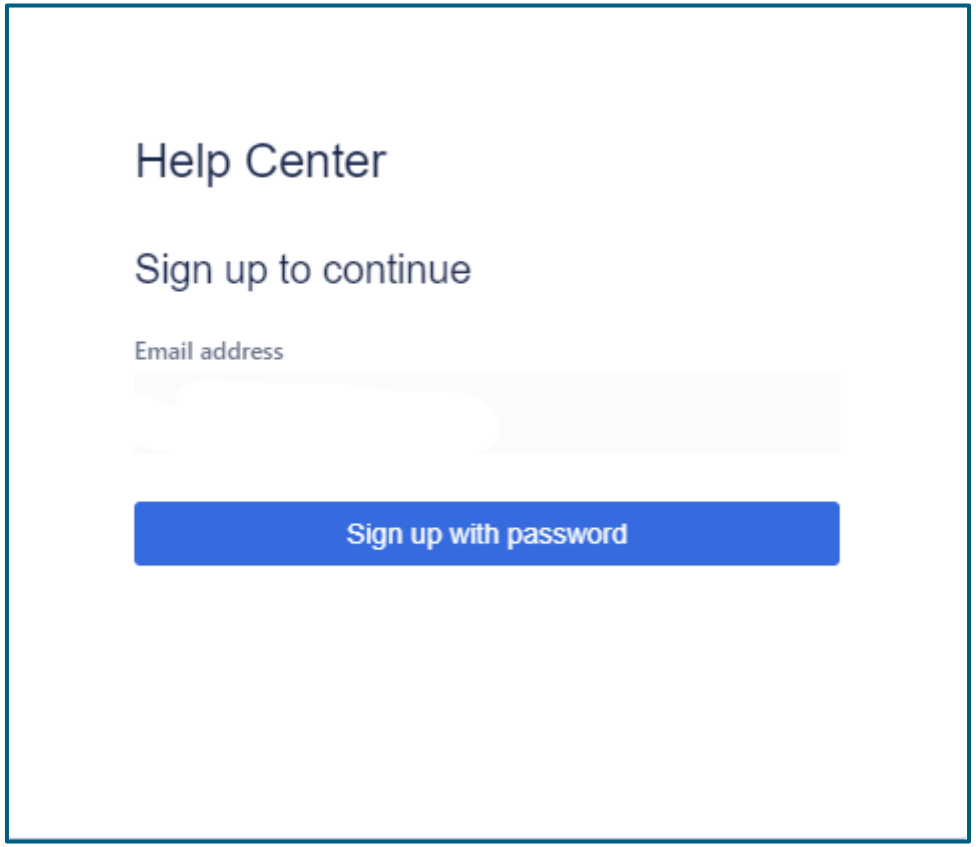
Data Application Portal – User Account

- Following submission of the data application, submitters are encouraged to set up an account to work with OneHealthPort during the data submission process.
- The data application workflow sends an automated email confirming receipt of the application.
- Click on **View Request** to begin the account set up.



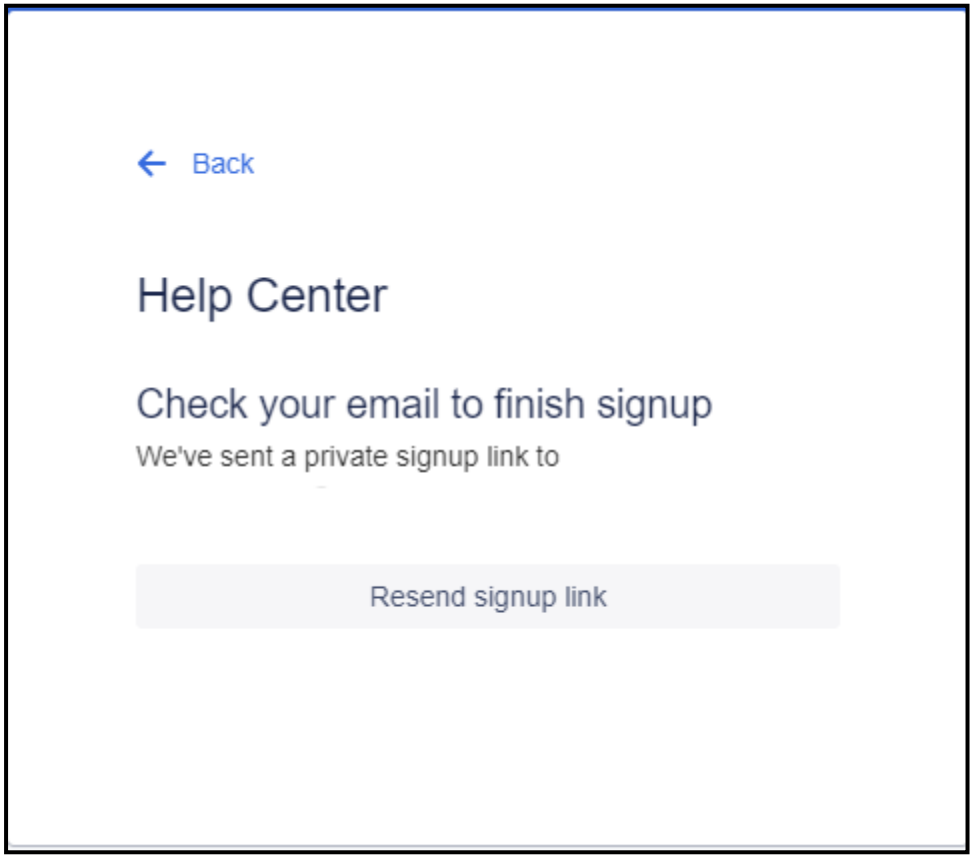
Data Application Portal – User Account

- Select **Sign up with password** to continue the user account set up.



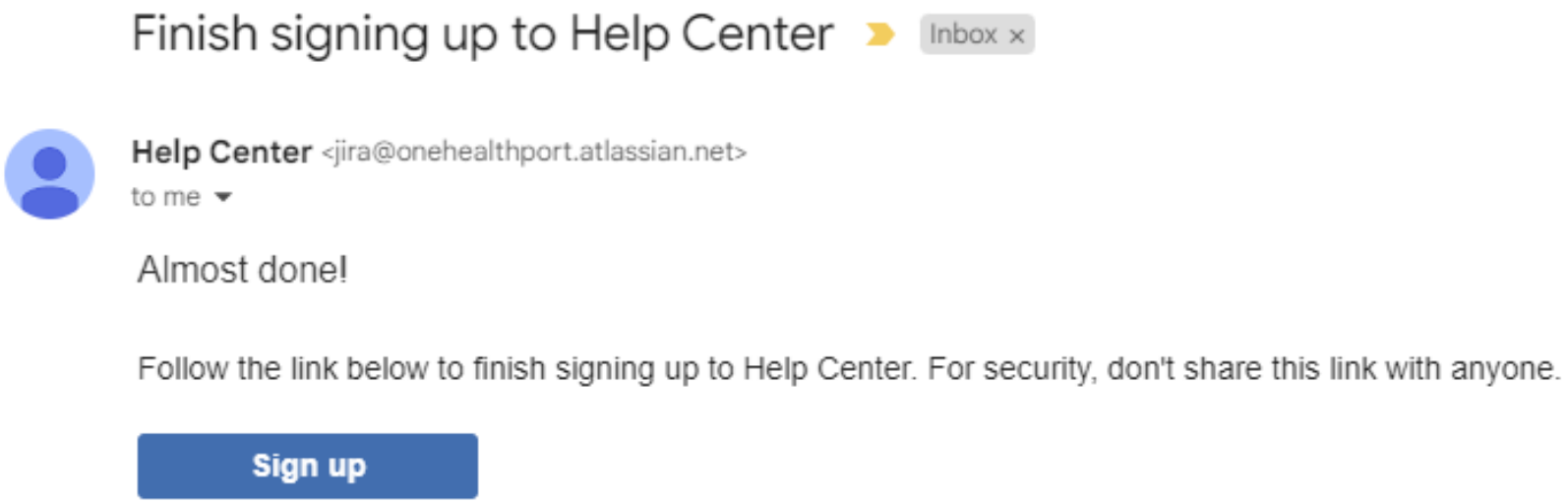
Data Application Portal – User Account

- After signing up, the system will send a **private signup link** to the submitter's email address.



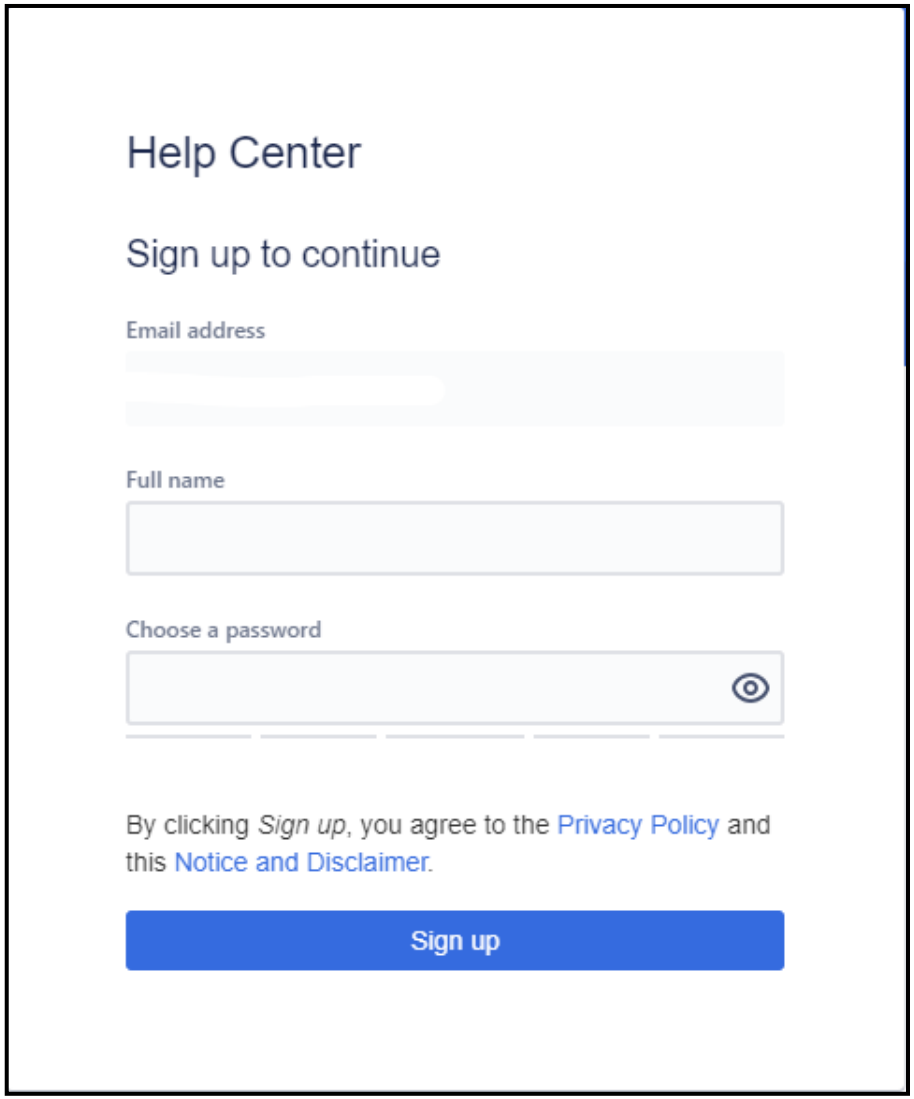
Data Application Portal – User Account

- Click on the **Sign up** link to finish signing up for the portal.



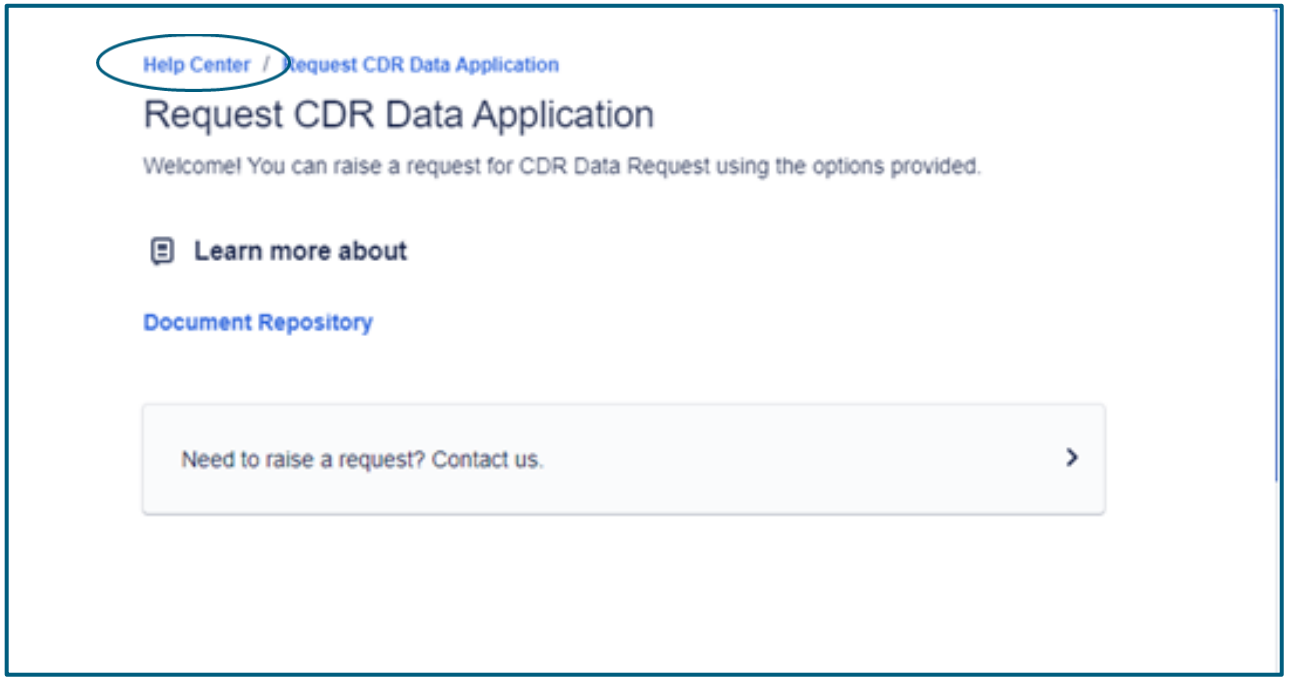
Data Application Portal – User Account

- Enter **full name** and **choose a password** to complete the sign-up process for access to the portal.



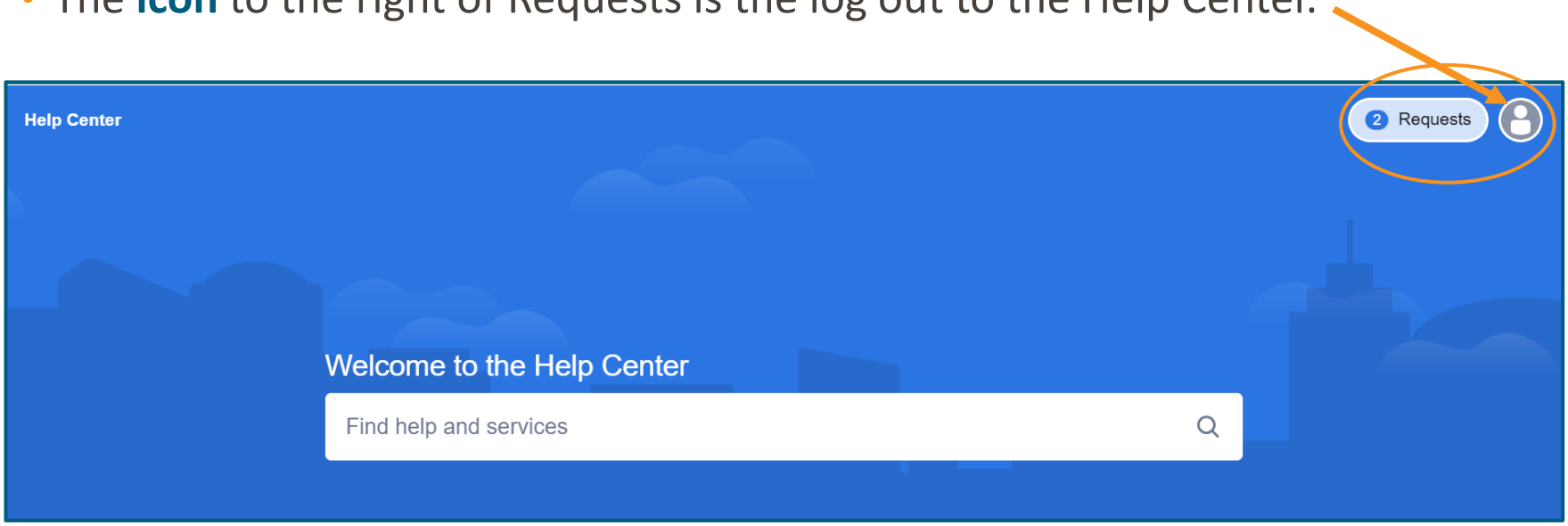
Data Application Portal – User Account

- After completion of the sign-up process, submitter will be directed to the portal home page.
- Navigate to the **Help Center**.



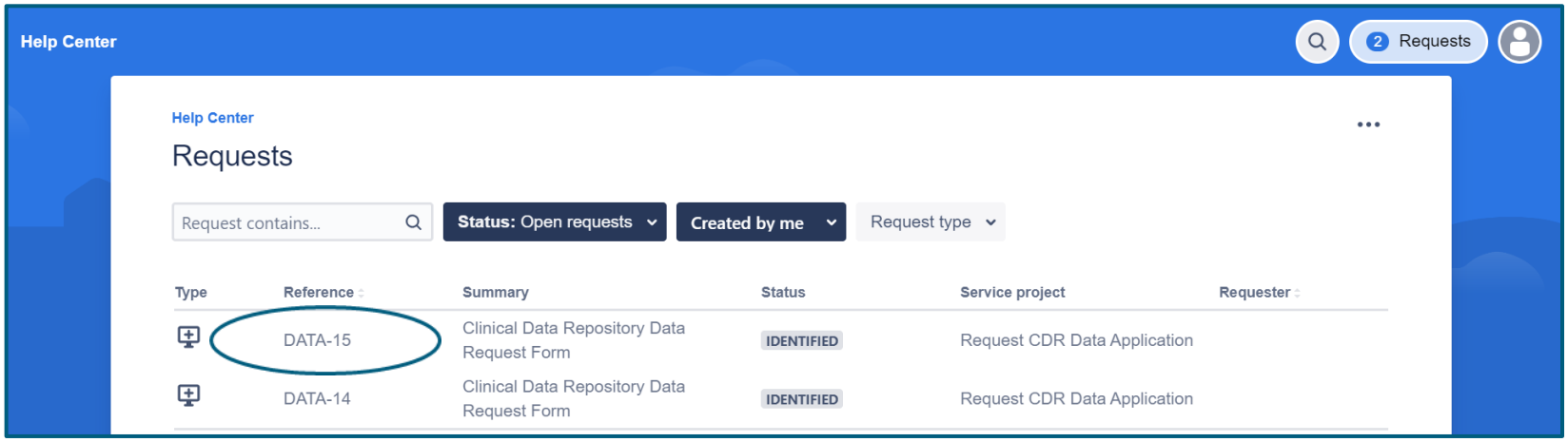
Data Application Portal – User Account

- The link to the Data Application Portal Help Center is: https://onehealthport.atlassian.net/servicedesk/customer/portals
- On the home page of the Help Center, click on **Requests** in the upper right-hand corner of the screen to view data application requests.
- The **icon** to the right of Requests is the log out to the Help Center.



Data Application Portal – User Account

- Click on the **Reference** item in the row that contains the application you want to review or to communicate with OneHealthPort.



Data Application Portal – User Account

- After selecting the referenced item, the full data application will appear.
- The communication thread with OneHealthPort and the submitter appears at the bottom of the application.
- To view the communication thread only, click on **Hide details**.