

**South Carolina Data Oversight Council**

**Principles and Protocol  
For the  
Release of Health Care Data**

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# **Principles and Protocols for the Release of Health Data**

## **Required by Section 44-6-170**

### **INTRODUCTION**

The Data Oversight Council (hereinafter referenced as DOC) believes in a policy of access that allows the broadest possible use of information resources for consumers, purchasers, health care facilities, health care insurers and health care professionals, researchers and governmental agencies. State and federal regulations and statutes and the nature of the data necessitates that measures be taken to ensure data security and quality. This need for security and quality in health care information systems and data encompasses two fundamental goals: confidentiality and integrity. Confidentiality is the control over access to information and must assure absolute confidentiality for individual patients and appropriate confidentiality for health care facilities, insurers and professionals. The integrity of the databases means that the accuracy, reliability and timeliness of the information provided must be of the highest caliber.

### **MISSION STATEMENT**

The mission of the DOC is to provide information to assist health care providers, consumers, insurers, elected officials and government agencies in the formulation of health policy which places South Carolina in a leadership role now and in the future by:

- Recommending data to be collected based on constituent input
- Controlling collection and release of data while safeguarding the privacy of patients and providing appropriate safeguards for medical care providers
- Promoting the awareness and appropriate use of health care data and information and
- Evaluating the usefulness of the DOC process

### **PRINCIPLES**

1. The right to privacy is a basic right of every South Carolinian. The confidentiality of the patient shall be of the utmost concern. The release or re-release of data, in raw or aggregate form, that can be reasonably expected to reveal the identity of an individual patient will be made only when a mandate has been established by statutory law.
2. The policy of the DOC shall be to make determinations on requests for information in favor of access, subject to the specific limitations concerning use, confidentiality, security and accuracy.
3. The DOC believes that through the Division of Research and Statistics (hereinafter referenced as DRS), educational programs should be designed and implemented to make its information understandable and usable to purchasers, facilities, government agencies and the general public. This information will assist consumers in making informed health

care decisions. The DRS will also provide additional information to government agencies and facilities to assist them in making health care policy.

## **DATA RELEASE PROTOCOL**

### ***Data Elements Required to be Reported***

The DOC under Section 44-6-170 has the authority to designate the data elements to be reported by all health care providers. The following health care providers are required to report to the DRS:

- General acute care hospitals
- Specialized hospitals including, but not limited to,
  - Psychiatric hospitals
  - Alcohol and substance abuse hospitals
  - Rehabilitation hospitals
- Hospital-based and freestanding surgical facilities as defined in Section 44-7-130
- Hospital emergency departments licensed under Chapter 7, Article 3
- Licensed home health care agencies
- Any health care facility which provides on an outpatient basis observation services, radiation therapy, cardiac catheterizations, lithotripsy, magnetic resonance imaging, positron emission therapy and other providers offering services using equipment requiring Certificate of Need

The DOC, to the extent possible, will adhere to national standards developed under the United States Department of Health and Human Services, Health Insurance Portability and Accountability Act of 1996 for defining data elements to be collected and the electronic formats used to transmit the data. The DOC will seek the input of data users and affected health care providers of data as part of a periodic review process to identify data elements to be collected. The current listing of data elements required to be collected is found in appendices A through D.

### ***Classification and Release of Data***

In order to balance the principles of access and confidentiality, the DOC has devised a classification scheme for the data elements collected under the authority of Section 44-6-170 as amended, Code of Laws of South Carolina, 1976. This classification scheme aims to promote the use of accurate health data, provide equal treatment of data requesters and data providers, expedite the release process and encourage the release of the broadest spectrum of data elements without compromising patient confidentiality and appropriate confidentiality for health care providers, insurers and facilities. Efforts will be made to present data elements in a manner that balances the needs for public information and confidentiality. The rationale for not releasing certain variables is that these fields either alone or in conjunction with other publicly available data will or have the potential to identify a patient, health care provider, health care facility and/or health care insurer.

The data elements are classified into four categories: encounter-level, restricted, confidential and never releasable.

- I. Encounter-level: Data elements that are available for general public release subject to an application and a data use agreement.
- II. Restricted: Data elements that require approval for release through the DOC subject to an application and confidentiality contract.
- III. Confidential: Data elements that will only be released if a mandate has been established by statutory law subject to verification of authority.
- IV. Never releasable: Data elements that may be used for statistical linking purposes only

The current classification of data elements will be periodically reviewed. New data elements will be reviewed and classified by the DOC. Until new data elements are classified, they will be considered restricted data.

The DOC recognizes the importance of releasing information that meets the quality and completeness standards established by the DRS. Therefore, while databases and/or reports may be authorized for release, the DRS may release this information only after these quality and completeness standards have been met.

## **I. Encounter-Level Data**

Encounter-level data will be released upon request and are subject to the confidentiality provisions set forth in Final Regulations, State Budget and Control Board, Chapter 19, Statutory Authority: 1976 Code Section 44-6-170, Article 9, "Data Release For Medical Encounter Data & Financial Reports." Failure to comply with the confidentiality provisions in these regulations can result in legal action as specified in Section 44-6-180, as amended, Code of Laws of South Carolina, 1976.

Encounter-level data files contain individual patient-level data using encounter-level data elements; release of these files requires an application and a signed Data Use Agreement. However, the DRS has permission to release aggregate customized reports based on encounter-level data without a signed agreement.

The following considerations will be applied by DRS in creating encounter-level data files.

**Dates:** All data elements that are date fields will be considered restricted data. Date fields provide unique information that when linked with other databases may identify an individual. On encounter-level files:

- Age will be reported in five-year age groupings and "under one category" (for children under one year of age), "one to four" (for children one to four years of age) and if over 84, reported in 85 and over category
- Length of stay will be provided rather than admission and discharge dates
- Month and day of week will be provided in lieu of admission date and/or discharge date

**Procedure Coding:** Depending on the instructions in the Uniform Billing Manual (UB04), procedure codes will be coded with the ICD-9 CM procedure codes, the HCPCS procedure codes

and/or the CPT4 procedure codes. When using the HCPCS and/or CPT4 procedure codes the units of service will be required according to the UB 04 coding manual.

The variables admitting diagnosis, patient reason for visit, admission hour and discharge hour will be added beginning October 1, 2007. Modifications to the E-Codes will become effective October 1, 2007. The variable present of admission code for all diagnoses will be added beginning January 1, 2008. The variable NPI will be added beginning May 23, 2007.

## **A. Encounter-Level Data Elements**

### ***1. Inpatient Hospitalizations Encounter-Level Data Elements***

- Length of stay
- Day of the week of admission
- Month of admission
- Day of the week of discharge
- Month of discharge
- Admission source
- Admission type
- Patient age in five year age cohorts at admission Patient Age at Admission in Years in 5 year groupings. Except less than 5 years that is reported as “under one category” (for children under one year of age) and “one to four” (for children one to four years of age). If over 84, reported in 85 and over category.
- Patient gender
- Patient race/ethnicity
- County of patient's residence
- Admitting Diagnosis
- Present on Admission Code for All Diagnoses
- Diagnosis codes, primary and all secondary diagnoses codes reported to DRS (including coding methodology)
- Procedure codes, primary and all secondary procedure codes reported to DRS (including coding methodology)
- Procedure day in relationship to admission date
- Time from Admission Hour to Discharge Hour
- Major diagnostic categories
- E-codes
- DRG
- Primary expected payer classification (i.e., Medicare, Medicaid, TriCare, Worker’s Compensation, Commercial, HMO, Self-pay, Indigent and Other)
- Charges by summary revenue codes
- Total charges
- Days in special units (e.g. ICU, CCU, etc)
- Physician specialty code (as adopted by the AMA)
- Patient discharge status
- Health care professional classification
  - Attending

- Other
- All Patient Refined- DRG Level
- All Patient Refined-DRG Label

The requestor may choose one of the following facility characteristics

- Urban/rural status of health care facility
- Bed Size Based on Licensed Beds (100 beds or less, 101-299, 300 or more beds)
- Teaching status of the facility
- Level of trauma service
- Level of perinatal service
- Other facility and professional characteristics that would not permit the identification of the health care facility or professional

## ***2. Emergency Department Visits and Facilities Reporting Observation Services Encounter-Level Data Elements***

- Day of the week of admission
- Month of admission
- Admission source
- Admission type
- Patient age in five year age cohorts at admission Patient Age at Admission in Years in 5 year groupings. Except less than 5 years that is reported as “under one category” (for children under one year of age) and “one to four” (for children one to four years of age). If over 84, reported in 85 and over category.
- Patient gender
- Patient race/ethnicity
- County of patient's residence
- Patient Reason for Visit
- Diagnosis codes, primary and all secondary diagnoses codes reported to (including coding methodology)
- Procedure codes, primary and all secondary procedure codes reported to DRS (including coding methodology)
- Time from Admission Hour to Discharge Hour
- E-codes
- AHRQ (Agency for Health Care Research and Quality) broad level diagnostic categories
- AHRQ detailed diagnostic categories
- Primary expected payer classification (i.e., Medicare, Medicaid, TriCare, Worker’s Compensation, Commercial, HMO, Self-pay, Indigent and Other)
- Charges by summary revenue codes
- Total charges
- Physician specialty code (as adopted by the AMA)
- Health care professional classification
  - Attending
  - Other

- Patient discharge status

The requestor may choose one of the following facility characteristics

- Urban/rural status of health care facility
- Bed Size Based on Licensed Beds (100 beds or less, 101-299, 300 or more beds)
- Teaching status of the facility
- Level of trauma service
- Level of perinatal service
- Other facility and professional characteristics that would not permit the identification of the health care facility or professional

### ***3. Free Standing and Hospital Based Ambulatory Surgery Center, Imaging and Other Services/Equipment Requiring a Certificate of Need Encounter-Level Data Elements***

- Day of the Week of Admission
- Primary expected payer classification (i.e., Medicare, Medicaid, TriCare, Worker's Compensation, Commercial, HMO, Self-pay, Indigent and Other)
- Month of admission
- Admission source
- Admission type
- Total charges
- Physician(s) specialty code (as adopted by the AMA)
- Health care professional classification(s) (attending, etc.)
- Patient age at admission in years in 5-year groupings. Except less than 5 years that is reported as "under one" (for children under one year of age) and "one to four" (for children one to four years of age). If over 84, reported in 85 and over category.
- DRS assigned procedure classification code
- Patient gender
- Patient race/ethnicity
- County of patient's residence
- Patient discharge status
- Diagnosis codes, primary and all secondary diagnoses codes reported to (including coding methodology)
- Procedure codes, primary and all secondary procedure codes reported to DRS (including coding methodology)

### ***4. Home Health Encounter-Level Data Elements***

- Number of months in episode
- Day of the week of admission
- Primary expected payer classification (i.e., Medicare, Medicaid, TriCare, Worker's Compensation, Commercial, HMO, Self-pay, Indigent and Other)
- Month of admission
- Year of admission
- Day of the week discharge
- Month of discharge

- Admission source
- Total charges
- Physician(s) specialty code (as adopted by the AMA)
- Patient age at admission in years in 5-year groupings. Except less than 5 years that is reported as “under one” (for children under one year of age) and “one to four” (for children one to four years of age). If over 84, reported in 85 and over category
- Patient gender
- Patient race/ethnicity
- County of patient’s residence
- Diagnosis codes (including coding methodology)
- Skilled nursing services number of encounters by month of service
- Physical therapy services number of encounters by month of service
- Occupational therapy services number of encounters by month of service
- Speech therapy services number of encounters by month of service
- Respiratory therapy services number of encounters by month of service
- Medical social services number of encounters by month of service
- Home health aide number of encounters by months of service
- Discharge status
- Admission referral source

## **B. Application for Use of Encounter-Level Data**

Persons receiving encounter-level data must complete an application and submit the signed data use agreement to the Budget and Control Board, Division of Research and Statistics (DRS). The requestor must indicate which data set(s) is(are) being requested: Inpatient Hospitalizations, Emergency Department Encounters, Ambulatory Surgery, Imaging and Other Services/Equipment Requiring a Certificate of Need, or Home Health Encounters by completing the appropriate data elements form(s). The Application for Use of Encounter-Level Data is located in Appendix E.

### Release of Restricted Data

The following data elements are classified as restricted data elements. They can either directly, in combination with or indirectly, when linked with other databases, identify a patient, health care facility, health care professional or health care insurer. Access to these data elements may be gained by special request and approval by the DOC for health care facility, professional or insurer identifiable data.

## **A. Geographic Information Data**

A Geographic information system is a computer system capable of storing, retrieving, querying, manipulating and mapping geographic data. Geo-coding compares database records with a known master address list and then locates these events to points on a map. The advent of internet map server technology allows users to view geographic data online and download public spatial datasets providing broad accessibility to information. The principal types of mapping techniques are:

- Point location

- Point frequency distribution
- Choropleth mapping
- Surface density modeling
- Spatial aggregation to other geographic units

Point location means the mapping of information showing the exact point, address, for an event. The other types of mapping techniques aggregate the data so that the maps do not identify a single event.

The DRS has the ability to geo-code all encounter-level databases at the patient, facility and/or health care provider level. The release of health care facility, health care provider and/or private insurer point-level data requires that approval of the DOC through the data release process. Nothing in the section is to be construed as to restrict the release of data back to the originating health care provider, facility and/or insurer. The DOC considers the release of point location data at the patient-level to be equivalent to releasing patient identifiable data. Consequently, the release of point-level data for patients requires that an entity have statutory authority for these data.

In the case of requests for zip code level information the DOC grants permission to the DRS to satisfy requests that DRS deems non-confidential by a properly qualified statistician using accepted analytic techniques concluding the risk is substantially limited to identify the subject of the information in accordance with the HIPAA Privacy Regulations [45 CFR § 164.514(b)] without requiring an application for release of restricted data.

## **II. Restricted Data**

### ***1. Inpatient Hospitalization Restricted Data Elements***

- Admission date
- Discharge date
- Admission Hour
- Discharge Hour
- Patient birth date
- Patient age in years
- Medical record number
- Patient number, facility assigned
- Unique patient number, DRS assigned
- Procedure dates
- Encrypted Carrier codes – health care insurer
- Patient zip code (digits 1-5)
- Health care professional identifier
- Unique Health care professional number, DRS assigned
- Health care facility identifier
- Unique Health care facility number, DRS assigned

### ***2. Emergency Department Visits and Facilities Reporting Observation Services Restricted Data Elements***

- Admission date
- Admission Hour
- Discharge Hour
- Patient birth date
- Patient age in years
- Medical record number
- Patient number: facility assigned
- Unique patient number, DRS assigned
- Procedure dates
- Encrypted Carrier codes – health care insurer
- Patient zip code (digits 1-5)
- Health care professional identifier
- Unique health care professional number, DRS assigned
- Health care facility identifier
- Unique health care facility number, DRS assigned

***3. Free Standing and Hospital Based Ambulatory Surgery, Imaging and Other Services/Equipment Requiring a Certificate of Need Restricted Data Elements***

- Admission date
- Patient birth date
- Patient age in years
- Medical record number
- Unique patient number, DRS assigned
- Encrypted Carrier codes
- Patient zip code (digits 1-5)
- Health care professional identifier
- Unique health care professional number, DRS assigned
- Health care facility identifier
- Unique health care facility number, DRS assigned

***4. Home Health Restricted Data Elements***

- Admission date(s)
- Discharge date(s)
- Services dates by discipline
- Patient start of care date
- Service coverage period
- Patient birth date
- Patient age in years
- Medical record number
- Unique patient number: DRS assigned
- Patient zip code (digits 1-5)
- Health care professional identifier
- Unique health care professional number, DRS assigned
- Health care facility identifier

- Unique health care facility number, DRS assigned

### **C. Application for Encounter Data containing Restricted Data**

Persons requesting access to restricted data must complete a data application for restricted data and Confidentiality Contract. The DOC, in accordance with The Principles and Protocol for the Release of Health Care Data, will review this application. If approved, persons receiving restricted data elements, including the principal investigator, chief executive officer, and the data processing manager to sign and submit confidentiality contracts to the Budget and Control Board, Division of Research and Statistics. Researchers submitting requests for restricted data files must furnish, along with an application, a copy of their organizations IRB (Internal Review Board) approval. The Application for Use of Restricted Data Files is located in Appendix F.

### **D. Reports**

Historically, the DRS has released two types of health care facility-specific reports; first, reports shared with the health care facility supplying the data and secondly, reports released to the general public.

The first type of facility-specific reports included zip code market share, quarterly and year-to-date trends, patient origin and out-migration market share. The DOC endorses the policy that entities supplying data to the DRS should have access to their data. This policy attempts to balance the need for confidentiality of the patient and the appropriate confidentiality of health care providers, insurers and facilities with regards to competitive health care information against the open release of data.

Because of the sensitivity of competitive information such as financial information and market share data, the DOC will release market share or financial reports, which identify providers, professionals or carriers, only as listed under the Report Approved for Release by the DOC.

#### ***1. Reports Approved for Release by the DOC***

The following is a listing of the DOC approved reports for Inpatient Hospitalization, Emergency Department Visits and Ambulatory Surgery Encounters

- Summary Statistics, By Hospital
  - Inpatient Hospital Discharge Data
- Patient Origin Report By Facility
  - Inpatient Hospital Discharge Data
  - Emergency Department Data
  - Ambulatory Surgery Data
- Number And Percent Of Persons Treated Outside Their County Of Residence
  - Inpatient Hospital Discharge Data
  - Emergency Department Data
  - Ambulatory Surgery Data
- Summary Injuries Reports by County of Treatment

No report will be released if it cannot meet appropriate levels of accuracy as determined by the DRS. A third party may not reproduce reports without inclusion comments from affected health care professional and/or facility.

The DRS will continue to develop health care facility and professional specific reports which do not release financial or market share information. The DOC believes in the use of constituent-based subgroups to make recommendations for the types of reports necessary in the areas of health care policy, planning and outcomes. Before the release of any new, not previously DOC approved, health care facility and/or professional specific reports, the DRS and the DOC will follow the New Report Review Process to ensure the accuracy and validity of the reports. After a report has gone through the New Report Review Process, subsequent releases of the report will be subject to the Previously Approved Report Review Process.

## ***2. The New Report Review Process***

New reports, not previously approved by the DOC, will be developed utilizing the most current data available and will be provided to the affected health care facilities and/or professionals for review before release. The affected health care facilities and/or professionals will have 30 days to review these reports and to notify the DRS of any errors in data that would affect the accuracy of the report.

- a. **Errors in Data Reporting:** Upon review of the reports, if health care facilities and/or professionals identify errors in reporting which were not discovered through normal editing procedures and which would change significantly the analytic results, as determined by the DOC, health care facilities and/or professionals will have 3 months to resubmit a corrected data tape. Health care facilities and/or professionals unable to correct their data may submit comments for inclusion in the report. In extraordinary cases, the health care facilities and/or professionals may request an extension from the DOC. The DRS will provide revised reports to health care facilities and/or professionals for an additional 14 days to review the revision of the report and submit comments for inclusion in the release. Health care facilities and/or professionals may request an extension from the DOC.
- b. **Errors in Report Format or Methodology:** Upon review of the report, if the health care facilities and/or professionals identify errors or enhancements in format or methodology which the DOC determines to substantially alter the results the DRS will make the necessary modifications within 30 days and provide health care facilities and/or professionals a 14 day review period to submit comments for inclusion in the release. After making the necessary adjustments, the DRS will provide the reports including the health care facilities' and/or professionals' comments to the DOC for approval and release. Subsequent releases of these reports will be subject to the Previously Approved Report Review Process.

## ***3. Previously Approved Report Review Process***

Previously approved reports will utilize the most current data available and be reviewed by the affected health care facilities and/or professionals. The affected health care facilities and/or professionals will have 14 working days (from date of receipt of the report) to review these reports and to submit comments for inclusion in the release. After making the necessary adjustments, the DRS will release the reports including the health care facilities' and/or professionals' comments.

## **D. Special Requests**

A special request is the release of restricted data elements in a manner that would allow the identification of patients and/or health care facilities and/or professionals. If the special request requires the DRS to aggregate the data by a restricted data element but not release the restricted data element, the request will be handled as a release of unrestricted data, so long as the confidentiality of patients and the appropriate confidentiality for health care professions, insurers and facilities will not be compromised. The release of the patient-level data with health care professional, facilities and/or private insurer's identifiers will be made to researchers and government entities only.

All applicants for special requests will submit to the DRS the required documentation including, but not limited to the following: a list of the requested data elements, time frame for the requested data elements, a study protocol, intended uses of the data, policies for the protection of the restricted data elements, a Confidentiality Contract signed by the principal investigator and a detailed listing of individuals who will have access to the data. Data requests may include multiple years of prospective data, for the same research protocol, so that an application need not be filed for each year. It is the policy and practice of the DRS to provide technical assistance to applicants to assist in the application process.

Health care professional, private insurer and facility identifiable data elements approved for the applicant's use by the DOC may not be released in any product, publication or communication without the written approval of the DOC and review and comment by the affected health care facilities and/or professionals (as specified in Section 44-6-170, as amended, Code of Laws of South Carolina, 1976). All third party reproductions of the reports must include comments from the affected health care facilities and/or professionals.

If the application requests the linking of a DRS database with other database(s), the DOC will approve the manner in which the linkage is done.

## **E. Health Data Analysis Task Force**

The Health Data Analysis Task Force (HDATF), as specified in Section 44-6-170, as amended, Code of Laws of South Carolina, 1976, may be a committee or committees convened to make recommendations concerning types of analyses needed to carry out the goals and objectives of the Data Oversight Council. The task force will be composed of members as deemed appropriate by the subject being considered and may include technical representatives of universities and other private sector and public agencies including, but not limited to, health care providers and insurers. The DOC may request the DRS to convene the HDATF for study and review of specific data issues.

The Chair of a HDATF will be appointed by and serve at the pleasure of the Chair of the DOC and DRS. The HDATF will meet as needed. A quorum for the HDATF will be a majority of its members.

## **F. Follow-back Studies**

For entities not having statutory authority to access patient identifiable data, patient contact for follow-back studies, using patient identifiable data, must be conducted through the health care

facility and/or professional and requires the informed consent of the patient or the patient's representative. The purpose of these studies shall not be disclosed to anyone, when trying to locate patients, other than the entity originally providing the DRS with the data, the patient or the patient's representative. No undue burden shall be placed upon health care facilities and/or professionals to comply with follow-back studies. For on-going data activities, the data users with assistance from the DRS in conjunction with the South Carolina Health Information Management Association shall develop an informed consent form for use by the appropriate facilities.

For entities having statutory authority to access patient identifiable data with confidentiality requirements comparable to the DRS, follow-back studies using patient identifiable data will be requested to be conducted in accordance and with the approval of an Internal Review Board or Privacy Board.

### **III. Release of Confidential Data**

Confidential data will only be released if a mandate has been established by statutory law. Confidential data elements for inpatient hospitalizations, emergency room visits, observation stays, ambulatory surgery, services requiring a Certificate of Need and home health visits include, but are not limited to, patient name and address (except as otherwise provided herein) and patient zip-code (digits 6-9).

#### **A. Release of Data to Entities as Required by Law**

If an entity obtains statutory authority for the release of restricted and/or confidential data elements, that entity must submit to the DRS:

1. Written statutory evidence indicating entitlement of access to the data and
2. A copy of or citation of the statute(s) and/or regulation(s) that requires the entity to maintain the confidentiality and security of the data that satisfy the intent of Section 44-6-170, or
3. If statutory and/or regulatory requirements for the maintenance of the confidentiality and security of the data do not exist or do not satisfy the intent of Section 44-6-170, as amended, Code of Laws of South Carolina, 1976 and in Final Regulations, State Budget and Control Board, Chapter 19, Statutory Authority: 1976 Code Section 44-6-170, Article 9, "Data Release For Medical Encounter Data & Financial Reports," all persons (including staff, subcontractors and committees) with access to the data will be required to sign a confidentiality contract supplied by the DRS. These contracts shall be available upon request by the DRS.

Statutory law must mandate release of confidential data elements for follow-back investigations. The DOC encourages entities performing follow-back investigations with confidential data to adopt the DOC's policies for follow-back investigations.

The DRS recognizes that DHEC has a public health responsibility based on legal authority that requires the receipt and use of data maintained by the DRS. Therefore, the DRS will provide data for DHEC's surveillance activities and epidemiological investigations, as required by law.

State agencies and other organizations that have a mandate established by statutory law to access these data will be provided technical assistance for linking data sets and will be encouraged to use the DRS for data set linkages.

#### **IV. Never Releasable Data**

Never releasable data for inpatient hospitalizations, emergency room visits, observation stays, ambulatory surgery, services requiring a Certificate of Need and home health visits may be used for statistical linking purposes only. Never releasable data elements include, but are not limited to, patient social security number (for all encounters), patient name and address for all Mental Health and Alcohol and other Drug Abuse encounters as required by federal law and any other patient identifying information protected from release by federal law. Social Security Number may be released to the entity supplying the data or to the agency responsible for enumerating.

## **MANAGEMENT POLICIES FOR DOC AND DRS.**

### ***I. Procedures for Maintaining Confidentiality of the Data***

Employees, contractors and agents of the DRS and DOC, as well as members of their committees, task forces and advisory groups, will have occasion to work with restricted and/or confidential data elements on a regular basis. This responsibility will be treated with the highest degree of respect and integrity. The DRS has established a policy to require its employees, contractors and agents and members of its committees, task forces and advisory groups to maintain the confidential nature of the information they encounter in the course of their duties and to sign an annual confidentiality contract. All DOC members, task forces, subcommittees and advisory groups will also be required to sign an annual confidentiality contract.

The DRS in compliance with Budget and Control Board policies and state and federal law will develop internal security policies for all health data. The Division of Research and Statistics will maintain overall security policies in compliance with all applicable state and federal laws governing health care data. Access to restricted, confidential and never releasable data elements will be strictly controlled following extensive security measures.

### ***II. Procedure For Data Verification And Review***

Section 44-6-170, Code of Laws of South Carolina, as amended 1976, provides for the DRS to promulgate regulations concerning the submission of data. These regulations require the DRS to ensure that the data meet specific timeliness, accuracy and completeness criteria. Additionally, the DRS has a very detailed editing and “unduplication” process that it follows in preparing data files. Data supplied to the DRS will not be released until the data supplier has had an opportunity to verify the accuracy of the data and submit revisions and supporting documentation if the data is found to not be accurate.

### ***III. Fees***

It is not the intention of the DOC or DRS to limit access to health care data through the adoption of unreasonable fees. The DRS follows the policy of the State Budget and Control Board to charge for the release of reports and other data based on a cost recovery basis.

## DEFINITIONS

Carrier: The numbers coded on a bill to delineate the primary and other insurer that identifies a private insurer, HMO, PPOs, etc..

Data Element: Any specific characteristic, usually encoded, describing a patient, services provided to a patient or the health care facility and/or professional providing the services, during a medical encounter.

Data Oversight Council: Is as defined in Section 44-6-170, as amended, Code of Laws of South Carolina, 1976.

Disclosure: To communicate, transmit, or in any way to convey any data, referred to in these regulations to any individual organization in any form, written, verbal or otherwise.

Encounter Level Data: Data gathered or organized by each contact between a patient and a health care professional in which care was given.

Follow-back Investigation: A procedure in which a researcher obtains additional data by contacting patients, next-of-kin, informants, physicians, hospitals and/or other individuals or facilities associated with the individual.

Health Care Facility: Includes but is not limited to acute care hospitals, psychiatric hospitals, alcohol and substance abuse hospitals, tuberculosis hospitals, nursing homes, kidney disease treatment centers, including freestanding hemodialysis centers, ambulatory surgical facilities, rehabilitation facilities, residential treatment facilities for children and adolescents, habitation centers for mentally retarded persons or persons with related conditions and any other freestanding facility offering services or special equipment for which Certificate of Need review is required by state law. For the purposes of this document, Home Health Agencies are included as defined by "Licensure of Home Health Agencies Act," as a public, nonprofit or proprietary organization, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.

Health Care Professional: Includes but is not limited to physician, physician's assistant, dentist, dental hygienist, dental technician, pharmacist, physical therapist, physical therapists assistant, optometrist, psychologist, respiratory care practitioner, registered nurse, licensed practical nurse, podiatrist, occupational therapist or other health care professional registered or licensed and practicing in South Carolina.

Health Data Analysis Task Force: Is as defined in Section 44-6-170, as amended, Code of Laws of South Carolina, 1976.

Identifiable Health Data: Any item, collection, or grouping of health data that makes the individual or entity described in the health data identifiable.

Insurer: The insurance companies, HMOs, PPOs, etc. that identify these organizations and are used to delineate the primary and other payers on a bill.

Research: A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. [45 CFR 46.102(d)] Note: This is the same definition used and codified in HIPAA Regulations.

## **Appendix A: Hospital Inpatient Data Elements Required to Be Reported to DRS**

1. Patient social security number;
2. Health Insurance Number 1;
3. Health Insurance Number 2;
4. Health Insurance Number 3;
5. Patient name;
6. Patient address including city, state;
7. Patient zip code;
8. Medical record number;
9. Patient number;
10. Hospital federal tax identification number;
11. Patient Date of Birth;
12. Patient gender;
13. Patient race/ethnicity;
14. County of patient's residence;
15. Admission date;
16. Discharge date;
17. Admission Hour;
18. Discharge Hour;
19. Admission source;
20. Admission type;
21. Admitting Diagnosis;
22. Present on Admission Indicator for All Diagnoses;
23. Diagnosis codes (including coding methodology);
24. Procedure codes (including coding methodology);
25. Procedure dates;
26. E-codes (up to three);
27. Total charges;
28. Components of charges by revenue codes, including associated units for room and board;
29. Patient discharge status;
30. Principal source of payment;
31. Secondary source of payment;
32. Tertiary source of payment;
33. Physician NPI, SC State Licensure Number or Social Security Number for:
  - a. Attending
  - b. Other and
  - c. Other.
34. Bill Type

## **Appendix B: Emergency Department and Facilities Reporting Observation Services Data Elements Required to Be Reported to DRS**

1. Patient social security number;
2. Health Insurance Number 1;
3. Health Insurance Number 2;
4. Health Insurance Number 3;
5. Patient name;
6. Patient address including city, state;
7. Patient zip code;
8. Medical record number;
9. Patient number;
10. Hospital federal tax identification number;
11. Patient Date of Birth;
12. Patient gender;
13. Patient race/ethnicity;
14. County of patient's residence;
15. Admission date;
16. Hour of Admission
17. Hour of Discharge
18. Discharge date;
19. Admission source;
20. Admission type;
21. Patient Reason for Visit
22. Diagnosis codes (including coding methodology);
23. Procedure codes (including coding methodology);
24. Procedure dates;
25. E-codes (up to three);
26. Total charges;
27. Components of charges by revenue codes, including associated units for room and board;
28. Patient discharge status;
29. Principal source of payment;
30. Secondary source of payment;
31. Tertiary source of payment;
32. Physician NPI, SC State Licensure Number or Social Security Number for:
  - a. Attending
  - b. Other and
  - c. Other.
33. Bill Type

## **Appendix C: Ambulatory Surgery Facilities, Imaging and Services Requiring a Certificate of Need Data Elements Required to Be Reported to DRS**

1. Patient Social Security Number;
2. Health Insurance Number 1;
3. Health Insurance Number 2;\*
4. Health Insurance Number 3;\*
5. Patient Name;
6. Patient Address including city, state;
7. Patient zip code;
8. Medical Record Number\*\*
9. Patient Number;
10. Health Care Facility/Provider Federal Tax Number;
11. Patient Date of Birth;
12. Patient Gender;
13. Patient race/ethnicity;
14. County of patient's residence;
15. Dates of Services;
16. Total Charges;
17. Principal Diagnosis Code (ICD-9-CM);
18. Other Diagnosis Codes;
19. Procedure Coding System ICD-9-CM or CPT4;
20. Principal Procedure;
21. Other Procedures;
22. Principal source of payment;
23. Secondary source of payment; \*\*\*
24. Tertiary source of payment; \*\*\*
25. External Cause of Injury Codes ;
26. Physician NPI, SC State Licensure Number or Social Security Number for:
  - a. Attending
  - b. Other and
  - c. Other.
27. Bill Type

*\*Free-standing Ambulatory Surgery Centers are required to report only one health insurance number.*

*\*\*Free-standing Ambulatory Surgery Centers are not required to report Medical Record Numbers.*

*\*\*\*Free-standing Ambulatory Surgery Centers are required to report only one source of payment.*

## **Appendix D: Home Health Care Facilities Data Elements Required to Be Reported to DRS**

1. Patient Social Security Number;
2. Health Insurance Number 1;
3. Health Insurance Number 2;
4. Health Insurance Number 3;
5. Patient Name;
6. Patient Address including city and state
7. Patient Zip Code;
8. Patient Date of Birth;
9. Medical Record Number;
10. Provider Federal Tax Number;
11. Patient Gender;
12. Patient race/ethnicity;
13. County of patient's residence;
14. Discharge Date;
15. Admission Source;
16. Admission Referral Source;
17. Patient Admission (S.O.C.) Date;
18. Service Dates by Discipline;
19. Total Charges;
20. Components of Charges;
21. Principal Diagnosis Code (ICD-9-CM);
22. Other Diagnosis Codes;
23. Health Insurance Subscriber Number;
24. Primary source of payment;
25. Secondary source of payment;
26. Tertiary source of payment
27. Discharge Status:
28. Statement Coverage Period;
29. Referring Physician NPI, SC State Licensure Number or Social Security Number
30. Bill Type



Application for Public Use Encounter Data

Purpose: In order to balance the principles of access and confidentiality, the Data Oversight Council has devised a classification scheme for the data elements collected under the authority of Section 44-6-170 as amended, Code of Laws of South Carolina, 1976. This classification scheme aims to promote the use of accurate health data, provide equal treatment of data requesters and data providers, expedite the release process and encourage the release of the broadest spectrum of data elements without compromising patient confidentiality and appropriate confidentiality for health care providers, insurers and facilities.

Public use data files contain individual patient-level data using encounter-level data elements; release of these files requires the completion of this application and a signed Data Use Agreement. However, the DRS has permission to release aggregate customized reports based on encounter-level data without a signed agreement.

Certain data elements are classified as restricted. They can either directly, in combination with or indirectly, when linked with other databases, identify a patient, health care facility, health care professional or health care insurer. Access to these data elements may be gained by submitting the Application for Restricted Data for approval by the DOC for patient, health care facility, professional or insurer identifiable data.

Part I: Requestor Information

Date: \_\_\_\_\_

Section A: INDIVIDUAL OR ENTITY

Name Principal Investigator: \_\_\_\_\_

Title Principal Investigator: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Agency/Organization/Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Section B: DATA REQUEST

Reason for Data Request:

Specify Data File(s) Requested:

- Inpatient                       Outpatient Surgery                       Home Health  
 Emergency Department                       Imaging

Time Period for Data:

---

File format and type of media:

---

Selection Criteria. *Specify the variables and values to be used for record selection.*

Previous Data Requests.

Expected Products from Study. *List any reports, publications, presentations, websites, etc.*

## Part II: Inpatient Hospitalization Data Elements Request Form

ENCOUNTER-LEVEL DATA	
<input type="checkbox"/> Length of Stay	<input type="checkbox"/> APR-DRG Score
<input type="checkbox"/> Day of the Week Admission	<input type="checkbox"/> APR-DRG Description
<input type="checkbox"/> Month of Admission	<input type="checkbox"/> Primary Expected Payer Classification <i>i.e., Medicare, Medicaid, Insurance, HMO, Self-Pay, Indigent, TriCare, Worker's Compensation and Other</i>
<input type="checkbox"/> Day of the Week Discharge	
<input type="checkbox"/> Month of Discharge	<input type="checkbox"/> Charges by Summary Revenue Codes
<input type="checkbox"/> Admission Source	<input type="checkbox"/> Total Charges
<input type="checkbox"/> Admission Type	<input type="checkbox"/> Days in Special Units <i>i.e., ICU, CCU, etc.</i>
<input type="checkbox"/> Time from Admission to Discharge	
<input type="checkbox"/> Patient Age at Admission in Years <i>Five year groupings except less than 5 years, which is reported as "under one" for children under one year of age and "one to four" for children one to four years of age; over 84 years is reported in "85 and over" category)</i>	<input type="checkbox"/> Physician Specialty Code <i>As adopted by the AMA</i>
	<input type="checkbox"/> Health Care Professional Classification <i>i.e., Attending, Other</i>
<input type="checkbox"/> Patient Gender	
<input type="checkbox"/> Patient Race/Ethnicity	
<input type="checkbox"/> County of Patient's Residence	
<input type="checkbox"/> Admitting Diagnosis	<b>Please select one (1) of the following hospital characteristics:</b>
<input type="checkbox"/> Present on Admission Indicator for All Diagnoses	
<input type="checkbox"/> Diagnosis Codes	<input type="checkbox"/> Teaching Status of the Facility
<input type="checkbox"/> Procedure Codes	<input type="checkbox"/> Trauma Level
<input type="checkbox"/> Procedure Day (in relationship to Admission Date)	<input type="checkbox"/> Level of Perinatal Service
<input type="checkbox"/> Major Diagnostic Categories	<input type="checkbox"/> Urban/Rural Status of Health Care Facility <i>Based on MSA, Non-MSA County Status</i>
<input type="checkbox"/> E-codes	
<input type="checkbox"/> DRG	<input type="checkbox"/> Bed Size Based on Licensed Beds <i>100 beds or less, 101 – 299 beds, 300 or more beds</i>
<input type="checkbox"/> Patient Discharge Status	

### Part III: Emergency Department Data Elements Request Form

ENCOUNTER-LEVEL DATA	
<input type="checkbox"/> Day of the Week Admission	<input type="checkbox"/> Charges by Summary Revenue Codes
<input type="checkbox"/> Month of Admission	<input type="checkbox"/> Total Charges
<input type="checkbox"/> Admission Source	<input type="checkbox"/> Days in Special Units <i>i.e., ICU, CCU, etc.</i>
<input type="checkbox"/> Admission Type	
<input type="checkbox"/> Patient Age at Admission in Years <i>Five year groupings except less than 5 years, which is reported as "under one" for children under one year of age and "one to four" for children one to four years of age; over 84 years is reported in "85 and over" category)</i>	<input type="checkbox"/> Physician Specialty Code <i>As adopted by the AMA</i>
	<input type="checkbox"/> Health Care Professional Classification <i>i.e., Attending, Other</i>
<input type="checkbox"/> Patient Gender	
<input type="checkbox"/> Patient Race/Ethnicity	
<input type="checkbox"/> County of Patient's Residence	
<input type="checkbox"/> Patient Reason for Visit	<b>Please select one (1) of the following hospital characteristics:</b>
<input type="checkbox"/> Diagnosis Codes	
<input type="checkbox"/> Procedure Codes	<input type="checkbox"/> Teaching Status of the Facility
<input type="checkbox"/> E-codes	<input type="checkbox"/> Trauma Level
<input type="checkbox"/> AHRQ Broad Level Diagnostic Categories	<input type="checkbox"/> Level of Perinatal Service
<input type="checkbox"/> AHRQ Detailed Diagnostic Categories	<input type="checkbox"/> Urban/Rural Status of Health Care Facility <i>Based on MSA, Non-MSA County Status</i>
<input type="checkbox"/> Patient Discharge Status	
<input type="checkbox"/> Primary Expected Payer Classification <i>i.e., Medicare, Medicaid, Insurance, HMO, Self-Pay, Indigent, TriCare, Worker's Compensation and Other</i>	<input type="checkbox"/> Bed Size Based on Licensed Beds <i>100 beds or less, 101 – 299 beds, 300 or more beds</i>

## Part IV: Ambulatory Surgery, Imaging, and Other Services/Equipment Requiring a Certificate of Need

ENCOUNTER-LEVEL DATA	
<input type="checkbox"/> Day of the Week Admission	<input type="checkbox"/> Diagnosis Codes
<input type="checkbox"/> Month of Admission	<input type="checkbox"/> Procedure Codes
<input type="checkbox"/> Admission Source	<input type="checkbox"/> Primary Expected Payer Classification <i>i.e., Medicare, Medicaid, Insurance, HMO, Self-Pay, Indigent, TriCare, Worker's Compensation and Other</i>
<input type="checkbox"/> Admission Type	
<input type="checkbox"/> Patient Age at Admission in Years <i>Five year groupings except less than 5 years, which is reported as "under one" for children under one year of age and "one to four" for children one to four years of age; over 84 years is reported in "85 and over" category)</i>	<input type="checkbox"/> Total Charges
	<input type="checkbox"/> Physician Specialty Code <i>As adopted by the AMA</i>
<input type="checkbox"/> Patient Gender	<input type="checkbox"/> Health Care Professional Classification <i>i.e., Attending, Other</i>
<input type="checkbox"/> Patient Race/Ethnicity	
<input type="checkbox"/> County of Patient's Residence	<input type="checkbox"/> DRS-assigned procedure classification code
<input type="checkbox"/> Patient Reason for Visit	<input type="checkbox"/> Patient Discharge Status

## Part V: Home Health Data Elements Request Form

**Note:** This file is based on an episode of care for a patient. An episode of care is defined as beginning with an admission date and ending when there has been thirty consecutive days without services.

<b>ENCOUNTER-LEVEL DATA</b>	
<input type="checkbox"/> Number of Months in Episode	<input type="checkbox"/> Physical Therapy Services Number of Encounters (by month of service)
<input type="checkbox"/> Day of the Week Admission	
<input type="checkbox"/> Month of Admission	<input type="checkbox"/> Occupational Therapy Services Number of Encounters (by month of service)
<input type="checkbox"/> Year of admission	
<input type="checkbox"/> Day of the Week Discharge	<input type="checkbox"/> Speech Therapy Services Number of Encounters (by month of service)
<input type="checkbox"/> Month of Discharge	
<input type="checkbox"/> Admission Source	<input type="checkbox"/> Respiratory Therapy Services Number of Encounters (by month of service)
<input type="checkbox"/> Admission Referral Source	
<input type="checkbox"/> Patient Age at Admission in Years <i>Five year groupings except less than 5 years, which is reported as "under one" for children under one year of age and "one to four" for children one to four years of age; over 84 years is reported in "85 and over" category</i>	<input type="checkbox"/> Medical Social Services Number of Encounters (by month of service)
	<input type="checkbox"/> Home Health Aide Services Number of Encounters (by month of service)
<input type="checkbox"/> Patient Gender	<input type="checkbox"/> Physician Specialty Code <i>As adopted by the AMA</i>
<input type="checkbox"/> Patient Race/Ethnicity	
<input type="checkbox"/> County of Patient's Residence	<input type="checkbox"/> Total Charges
<input type="checkbox"/> Diagnosis Codes	<input type="checkbox"/> Patient Discharge Status
<input type="checkbox"/> Skilled Nursing Services Number of Encounters (by month of service)	<input type="checkbox"/> Primary Expected Payer Classification <i>i.e., Medicare, Medicaid, Insurance, HMO, Self-Pay, Indigent, TriCare, Worker's Compensation and Other</i>

## Part VI: Data Use Agreement

### Data Use Agreement for Public Use, Encounter-Level Data

Chapter 19, Statutory Authority: 1976 Code Section 44-6-170, Article 9, “Data Release For Medical Encounter Data & Financial Reports.” requires the Division of Research and Statistics (hereinafter referenced as DRS) to protect the identity of patients, health care providers and health care professionals represented in data collected under this statute. Any effort to determine the identity of any person, health care provider, health care professional, or private health care insurer or to use the data for any purpose other than analysis and aggregate statistical reporting violates this statute and the conditions of this data use agreement. By virtue of this agreement, the undersigned agrees that no attempt to identify or attempt to contact particular persons, health care providers, health care professionals or private health care providers will be made.

*The undersigned assures the following with respect to the DRS encounter-level data sets:*

1. I will, at all times, comply and keep current with all federal, state, and local laws and regulations, including, but not limited to, laws and regulations protecting the confidentiality and security of individually identifiable health information and establishing certain privacy rights.
2. I will require others under my direct supervision, including any subcontractors, who use these data in the organization specified below to sign this agreement; I will keep those signed agreements and make them available to the DRS upon request. A violation of the Data Use Agreement will result in the surrender of the data and possible penalties as specified under South Carolina Codes of Laws Chapter 19, Statutory Authority: 1976 Code Section 44-6-180.
3. I will not allow others to, nor will I, attempt to identify or attempt to contact any person, health care facility, health care provider, or private insurer neither directly nor indirectly. Release of data that would directly or indirectly identify a person, health care facility, health care provider, or private insurer is a violation of Chapter 19, Statutory Authority: 1976 Code Section 44-6-170.
4. I will not allow others to, nor will I, release encounter-level data files or any part of them to any person outside the scope of the project described in this Data Use Agreement.
5. I will not allow others to, nor will I, attempt to link the encounter-level records of persons in this data set with personally identifiable records from any other source.
6. I will ensure that the organization specified below employs the appropriate safeguards to prevent the use or disclosure of the information other than as provided by this data use agreement.
7. I acknowledge and accept the responsibility for protecting the confidentiality of patients when aggregate data have small cell sizes. It is a violation of this Data Use Agreement to directly or indirectly identify a patient.
8. I will report to the DRS any use or disclosure of the encounter-level data not provided for by this data use agreement of which the requestor becomes aware within 48 hours of discovery.
9. I will not allow others to, nor will I, release data in a report or for dissemination with a cell size of less than 5 without prior approval by the Data Oversight Council (hereinafter referenced as DOC).

10. I will not allow others to, nor will I, make statements indicating or suggesting that analyses and/or interpretations drawn are those of the data sources, the DRS and its staff or the DOC.
11. I will not all others to, nor will I, create an Internet, Intranet or other website without prior approval of the DOC.
12. The data must remain solely with the original project entity. In the event that the original requestor listed below leaves the project, a newly signed Data Use Agreement must be submitted to the DRS within 30 days.
13. The DRS and the DOC will be held harmless from damages resulting from the use/misuse of these data.
14. These data are the property of the DRS and must be surrendered upon direction of the DOC.
15. Releases of any aggregate data must contain the following statement:

**NOTICE: THIS INFORMATION IS FROM THE RECORDS OF THE DIVISION OF RESEARCH AND STATISTICS, BUDGET AND CONTROL BOARD, SOUTH CAROLINA. OUR AUTHORIZATION TO RELEASE THIS INFORMATION DOES NOT IMPLY ENDDRSEMENT OF THIS STUDY OR ITS FINDINGS BY EITHER THE DIVISION OF RESEARCH AND STATISTICS OR THE DATA OVERSIGHT COUNCIL.**

Failure to comply with this Data Use Agreement will result in the surrender of data and may result in legal action as specified in Section 44-6-180, as amended, Code of Laws of South Carolina, 1976: "A person violating this section is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both." Violators of this Agreement may also be subject to penalties under federal statutes that apply to these data.

### Principal Investigator

Name and Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip      Street Address      City      State      Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***By signing this contract, I agree to comply with all the confidentiality requirements indicated in this document.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CEO or Director**

Name and Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip      Street Address      City      State      Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*By signing this contract, I agree to comply with all the confidentiality requirements indicated in this document.*

\_\_\_\_\_  
Signature      Date

**IT Director**

Name and Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip      Street Address      City      State      Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*By signing this contract, I agree to comply with all the confidentiality requirements indicated in this document.*

\_\_\_\_\_  
Signature      Date

**Notarization**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires on: \_\_\_\_\_

(Notary Seal)

**LIST ALL INDIVIDUALS WITH ACCESS TO THE DATA**  
*(Please include employees, subcontractors, committee members, etc.)*

*Complete Organization and/or Address if different from that of the Principal Investigator.*

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



Application for Encounter Data containing Restricted Data Elements

Purpose: In order to balance the principles of access and confidentiality, the Data Oversight Council has devised a classification scheme for the data elements collected under the authority of Section 44-6-170 as amended, Code of Laws of South Carolina, 1976. This classification scheme aims to promote the use of accurate health data, provide equal treatment of data requesters and data providers, expedite the release process and encourage the release of the broadest spectrum of data elements without compromising patient confidentiality and appropriate confidentiality for health care providers, insurers and facilities.

Public use data files contain individual patient-level data using encounter-level data elements; release of these files requires the completion of an Application for Encounter Data and a signed Data Use Agreement. However, the DRS has permission to release aggregate customized reports based on encounter-level data without a signed agreement.

Certain data elements are classified as restricted. They can either directly, in combination with or indirectly, when linked with other databases, identify a patient, health care facility, health care professional or health care insurer. Access to these data elements may be gained by submitting this application and signed Confidentiality Contracts for approval by the DOC for patient, health care facility, professional or insurer identifiable data.

Part I: Requestor Information

Date: \_\_\_\_\_

Section A: INDIVIDUAL OR ENTITY

Name Principal Investigator: \_\_\_\_\_

Title Principal Investigator: \_\_\_\_\_

Agency/Organization/Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Agency/Organization/Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Section B: DATA REQUEST**

Title of Study: \_\_\_\_\_

Reason for Data Request:

Previous Data Requests:

Specify Data File(s) Requested:

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Inpatient            | <input type="checkbox"/> Outpatient Surgery | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Imaging            |                                      |

Time Period for Data: \_\_\_\_\_

File format and type of media: \_\_\_\_\_

**Selection Criteria.** *Specify the variables and values to be used for record selection.*

**Files to be Linked.** *List all files that the data will be linked to and who will do the linkage.*

**Approval Status of All Files to be Linked**

**Institutional Review Board / HIPAA Privacy Board**

*List any review boards that have or will review this request and if approved or denied; attach a copy of any review board approvals.*

Exempt  
Exemption Category #: \_\_\_\_\_

Expedited  
Expedited Research Category #: \_\_\_\_\_

Full Board

Does Not Constitute Human Subjects Research

**Section C: STUDY PROTOCOL AND PROJECT ACTIVITIES**

*(Use additional pages if needed)*

**Expected Products from Study.** *List any reports, publications, presentations, websites, etc.*

**Format and Level of Data to be Re-released.**

**Section D: SECURITY MEASURES**

**Data Security Methods.**

**Patient Confidentiality Procedures.**

**Facility Confidentiality Procedures.**

**Date and Method by which Data will be Destroyed.**

## Part II: Inpatient Hospitalization Data Elements Request Form

Section A: ENCOUNTER-LEVEL DATA	
<input type="checkbox"/> Length of Stay	<input type="checkbox"/> APR-DRG Score
<input type="checkbox"/> Day of the Week Admission	<input type="checkbox"/> APR-DRG Description
<input type="checkbox"/> Month of Admission	<input type="checkbox"/> Primary Expected Payer Classification <i>i.e., Medicare, Medicaid, Insurance, HMO, Self-Pay, Indigent, TriCare, Worker's Compensation and Other</i>
<input type="checkbox"/> Day of the Week Discharge	
<input type="checkbox"/> Month of Discharge	<input type="checkbox"/> Charges by Summary Revenue Codes
<input type="checkbox"/> Admission Source	<input type="checkbox"/> Total Charges
<input type="checkbox"/> Admission Type	<input type="checkbox"/> Days in Special Units <i>i.e., ICU, CCU, etc.</i>
<input type="checkbox"/> Time from Admission to Discharge	
<input type="checkbox"/> Patient Age at Admission in Years <i>Five year groupings except less than 5 years, which is reported as "under one" for children under one year of age and "one to four" for children one to four years of age; over 84 years is reported in "85 and over" category)</i>	<input type="checkbox"/> Physician Specialty Code <i>As adopted by the AMA</i>
	<input type="checkbox"/> Health Care Professional Classification <i>i.e., Attending, Other</i>
<input type="checkbox"/> Patient Gender	
<input type="checkbox"/> Patient Race/Ethnicity	
<input type="checkbox"/> County of Patient's Residence	
<input type="checkbox"/> Admitting Diagnosis	<b>Please select one (1) of the following hospital characteristics:</b>
<input type="checkbox"/> Present on Admission Indicator for All Diagnoses	
<input type="checkbox"/> Diagnosis Codes	<input type="checkbox"/> Teaching Status of the Facility
<input type="checkbox"/> Procedure Codes	<input type="checkbox"/> Trauma Level
<input type="checkbox"/> Procedure Day (in relationship to Admission Date)	<input type="checkbox"/> Level of Perinatal Service
<input type="checkbox"/> Major Diagnostic Categories	<input type="checkbox"/> Urban/Rural Status of Health Care Facility <i>Based on MSA, Non-MSA County Status</i>
<input type="checkbox"/> E-codeS	
<input type="checkbox"/> DRG	<input type="checkbox"/> Bed Size Based on Licensed Beds <i>100 beds or less, 101 – 299 beds, 300 or more beds</i>
<input type="checkbox"/> Patient Discharge Status	

## Part II: Inpatient Hospitalization Data Elements Request Form

Section B: RESTRICTED-LEVEL DATA	
RESTRICTED DATA ELEMENTS REQUESTED:	REASON FOR REQUEST
<input type="checkbox"/> Admission Date	
<input type="checkbox"/> Admission Hour	
<input type="checkbox"/> Discharge Date	
<input type="checkbox"/> Discharge Hour	
<input type="checkbox"/> Patient Birth Date	
<input type="checkbox"/> Patient Age in Years	
<input type="checkbox"/> Medical Record Number	
<input type="checkbox"/> Patient Number (Facility-assigned)	
<input type="checkbox"/> Unique Patient Number (DRS-assigned)	
<input type="checkbox"/> Procedure Dates	
<input type="checkbox"/> Patient Zip Code (Digits 1-5)	
<input type="checkbox"/> Encrypted Carrier Codes	
<input type="checkbox"/> Health Care Professional ID <input type="checkbox"/> Attending <input type="checkbox"/> Other	
<input type="checkbox"/> Health Care Facility ID	

## Part III: Emergency Department Data Elements Request Form

Section A: ENCOUNTER-LEVEL DATA	
<input type="checkbox"/> Day of the Week Admission	<input type="checkbox"/> Charges by Summary Revenue Codes
<input type="checkbox"/> Month of Admission	<input type="checkbox"/> Total Charges
<input type="checkbox"/> Admission Source	<input type="checkbox"/> Days in Special Units <i>i.e., ICU, CCU, etc.</i>
<input type="checkbox"/> Admission Type	
<input type="checkbox"/> Patient Age at Admission in Years <i>Five year groupings except less than 5 years, which is reported as "under one" for children under one year of age and "one to four" for children one to four years of age; over 84 years is reported in "85 and over" category)</i>	<input type="checkbox"/> Physician Specialty Code <i>As adopted by the AMA</i>
	<input type="checkbox"/> Health Care Professional Classification <i>i.e., Attending, Other</i>
<input type="checkbox"/> Patient Gender	
<input type="checkbox"/> Patient Race/Ethnicity	
<input type="checkbox"/> County of Patient's Residence	
<input type="checkbox"/> Patient Reason for Visit	<b>Please select one (1) of the following hospital characteristics:</b>
<input type="checkbox"/> Diagnosis Codes	
<input type="checkbox"/> Procedure Codes	<input type="checkbox"/> Teaching Status of the Facility
<input type="checkbox"/> E-codes	<input type="checkbox"/> Trauma Level
<input type="checkbox"/> AHRQ Broad Level Diagnostic Categories	<input type="checkbox"/> Level of Perinatal Service
<input type="checkbox"/> AHRQ Detailed Diagnostic Categories	<input type="checkbox"/> Urban/Rural Status of Health Care Facility <i>Based on MSA, Non-MSA County Status</i>
<input type="checkbox"/> Patient Discharge Status	
<input type="checkbox"/> Primary Expected Payer Classification <i>i.e., Medicare, Medicaid, Insurance, HMO, Self-Pay, Indigent, TriCare, Worker's Compensation and Other</i>	<input type="checkbox"/> Bed Size Based on Licensed Beds <i>100 beds or less, 101 – 299 beds, 300 or more beds</i>

### Part III: Emergency Department Data Elements Request Form

Section B: RESTRICTED-LEVEL DATA	
RESTRICTED DATA ELEMENTS REQUESTED:	REASON FOR REQUEST
<input type="checkbox"/> Admission Date	
<input type="checkbox"/> Patient Birth Date	
<input type="checkbox"/> Patient Age in Years	
<input type="checkbox"/> Medical Record Number	
<input type="checkbox"/> Patient Number (Facility-assigned)	
<input type="checkbox"/> Unique Patient Number (DRS-assigned)	
<input type="checkbox"/> Procedure Dates	
<input type="checkbox"/> Patient Zip Code (Digits 1-5)	
<input type="checkbox"/> Encrypted Carrier Codes	
<input type="checkbox"/> Health Care Professional ID <input type="checkbox"/> Attending <input type="checkbox"/> Other	
<input type="checkbox"/> Health Care Facility ID	

## Part IV: Ambulatory Surgery, Imaging, and Other Services/Equipment Requiring a Certificate of Need

Section A: ENCOUNTER-LEVEL DATA	
<input type="checkbox"/> Day of the Week Admission	<input type="checkbox"/> Patient Reason for Visit
<input type="checkbox"/> Month of Admission	<input type="checkbox"/> Diagnosis Codes
<input type="checkbox"/> Admission Source	<input type="checkbox"/> Procedure Codes
<input type="checkbox"/> Admission Type	<input type="checkbox"/> Primary Expected Payer Classification <i>i.e., Medicare, Medicaid, Insurance, HMO, Self-Pay, Indigent, TriCare, Worker's Compensation and Other</i>
<input type="checkbox"/> Patient Age at Admission in Years <i>Five year groupings except less than 5 years, which is reported as "under one" for children under one year of age and "one to four" for children one to four years of age; over 84 years is reported in "85 and over" category)</i>	<input type="checkbox"/> Total Charges
	<input type="checkbox"/> Physician Specialty Code <i>As adopted by the AMA</i>
<input type="checkbox"/> Patient Gender	<input type="checkbox"/> Health Care Professional Classification <i>i.e., Attending, Other</i>
<input type="checkbox"/> Patient Race/Ethnicity	
<input type="checkbox"/> County of Patient's Residence	<input type="checkbox"/> Diagnosis Codes

## Part IV: Ambulatory Surgery, Imaging, and Other Services/Equipment Requiring a Certificate of Need

<b>Section B: RESTRICTED-LEVEL DATA</b>	
<b>RESTRICTED DATA ELEMENTS REQUESTED:</b>	<b>REASON FOR REQUEST</b>
<input type="checkbox"/> Admission Date	
<input type="checkbox"/> Patient Birth Date	
<input type="checkbox"/> Patient Age in Years	
<input type="checkbox"/> Patient Zip Code (Digits 1-5)	
<input type="checkbox"/> Unique Patient Number (DRS-assigned)	
<input type="checkbox"/> Medical Record Number	
<input type="checkbox"/> Health Care Professional ID	
<input type="checkbox"/> Health Care Facility ID	

## Part V: Home Health Data Elements Request Form

**Note:** This file is based on an episode of care for a patient. An episode of care is defined as beginning with an admission date and ending when there has been thirty consecutive days without services.

Section A: ENCOUNTER-LEVEL DATA	
<input type="checkbox"/> Number of Months in Episode	<input type="checkbox"/> Occupational Therapy Services Number of Encounters (by month of service)
<input type="checkbox"/> Day of the Week Admission	
<input type="checkbox"/> Month of Admission	<input type="checkbox"/> Speech Therapy Services Number of Encounters (by month of service)
<input type="checkbox"/> Year of admission	
<input type="checkbox"/> Day of the Week Discharge	<input type="checkbox"/> Respiratory Therapy Services Number of Encounters (by month of service)
<input type="checkbox"/> Month of Discharge	
<input type="checkbox"/> Admission Source	<input type="checkbox"/> Medical Social Services Number of Encounters (by month of service)
<input type="checkbox"/> Admission Referral Source	
<input type="checkbox"/> Patient Age at Admission in Years <i>Five year groupings except less than 5 years, which is reported as "under one" for children under one year of age and "one to four" for children one to four years of age; over 84 years is reported in "85 and over" category</i>	<input type="checkbox"/> Home Health Aide Services Number of Encounters (by month of service)
<input type="checkbox"/> Patient Gender	<input type="checkbox"/> Physician Specialty Code <i>As adopted by the AMA</i>
<input type="checkbox"/> Patient Race/Ethnicity	<input type="checkbox"/> Total Charges
<input type="checkbox"/> County of Patient's Residence	<input type="checkbox"/> Primary Expected Payer Classification <i>i.e., Medicare, Medicaid, Insurance, HMO, Self-Pay, Indigent, TriCare, Worker's Compensation and Other</i>
<input type="checkbox"/> Diagnosis Codes	
<input type="checkbox"/> Patient Discharge Status	<input type="checkbox"/> Physical Therapy Services Number of Encounters (by month of service)
<input type="checkbox"/> Skilled Nursing Services Number of Encounters (by month of service)	

## Part V: Home Health Data Elements Request Form

<b>Section B: RESTRICTED-LEVEL DATA</b>	
<b>RESTRICTED DATA ELEMENTS REQUESTED:</b>	<b>REASON FOR REQUEST</b>
<input type="checkbox"/> Date Service Span Begins	
<input type="checkbox"/> Date Service Span Ends	
<input type="checkbox"/> Patient Start of Care Date	
<input type="checkbox"/> Admission Date	
<input type="checkbox"/> Discharge Date	
<input type="checkbox"/> Patient Age in Years	
<input type="checkbox"/> Patient Date of Birth	
<input type="checkbox"/> Medical Record Number	
<input type="checkbox"/> Unique Patient Number (DRS Assigned)	
<input type="checkbox"/> Patient Zip Code (digits 1 - 5)	
<input type="checkbox"/> Skilled Nursing Services (by date of service)	
<input type="checkbox"/> Physical Therapy Services (by date of service)	
<input type="checkbox"/> Occupational Therapy Services (by date of service)	
<input type="checkbox"/> Speech Therapy Services (by date of service)	
<input type="checkbox"/> Respiratory Therapy Services (by date of service)	
<input type="checkbox"/> Medical Social Services (by date of service)	
<input type="checkbox"/> Home Health Aide (by date of service)	
<input type="checkbox"/> Charges by Type of Service (nursing, therapies, home health aide and other)	
<input type="checkbox"/> Health Care Physician Provider	
<input type="checkbox"/> Home Health Care Facility ID	

## Part VI: Confidentiality Contract

### Confidentiality Contract for Encounter-Level Data Containing Restricted Data Elements

Chapter 19, Statutory Authority: 1976 Code Section 44-6-170, Article 9, “Data Release For Medical Encounter Data & Financial Reports.” requires the Division of Research and Statistics (hereinafter referenced as DRS) to protect the identity of patients, health care providers and health care professionals represented in data collected under this statute. Any effort to determine the identity of any person, health care provider, health care professional, or private health care insurer or to use the data for any purpose other than analysis and aggregate statistical reporting violates this statute and the conditions of this data use agreement. By virtue of this agreement, the undersigned agrees that no attempt to identify particular persons, health care providers, health care professionals or private health care providers will be made.

I agree to the following confidentiality requirements related to the release of data elements:

1. I will, at all times, keep current and comply with all federal, state, and local laws and regulations, including, but not limited to, laws and regulations protecting the confidentiality and security of individually identifiable health information and establishing certain privacy rights.
2. I will not allow others to, nor will I, use these data elements for purposes other than those specified in this application. Use of data elements for a research project other than the one described in this application will not be undertaken until a separate application form for that project has been submitted and approved under the procedures established in Final Regulations, State Budget and Control Board, Chapter 19, Statutory Authority: 1976 Code Section 44-6-170, Article 9, “Data Release For Medical Encounter Data & Financial Reports.”
3. I will not allow others to, nor will I, release any data elements or datasets to any person who is not under my direct supervision, except with the approval of the DOC.
4. I will not allow others to, nor will I, release the identity of any patient, directly or indirectly.
5. I will not allow others to, nor will I, conduct follow-back studies to patients without prior approval from the DOC.
6. I acknowledge and accept the responsibility that I will be held accountable for protecting the patient’s privacy if/when abstracting medical records. Any violation of patient’s privacy is subject to the Privacy Rule under the Health Insurance Portability and Accountability Act of 1996, as amended, as well as forfeiture of all data and legal actions specified in Section 44-6-180, as amended, Code of Laws of South Carolina.
7. I will not allow others to, nor will I, use these data to identify any health care facility, professional and/or private insurer without prior approval by the DOC.
8. I will report to the DRS any use or disclosure of the encounter-level data not provided for by this data use agreement of which the requestor becomes aware within 48 hours of discovery.
9. I will not allow others to, nor will I, publish, either written text or electronic text, disseminate, communicate or otherwise release health care facility, professional and/or private insurer

identifiable data without prior approval by the DOC and review and comment by the identified parties.

10. I will not allow others to, nor will I, link these data to other person or encounter-level data without prior approval by the DOC.
11. I will not allow others to, nor will I, link these data to other health care facility, professional and/or private insurer level data without prior approval by the DOC.
12. I will not allow others to, nor will I, create an Internet, Intranet or other website using these data without prior approval of the DOC.
13. I acknowledge and accept the responsibility for protecting the confidentiality of patients when aggregate data have small cell sizes. It is a violation of this Contract to directly or indirectly identify a patient, in data analyses, reports, publications, or any other forms, either electronic or written.
14. I will ensure that the organization specified below employs the appropriate safeguards to prevent the use or disclosure of the information other than as provided by this data use agreement. The safeguards used for the storage of these data are included with this application.
15. A full disclosure of how these data are to be released, publish and/or disseminated, either written or electronic form, has been included in application. Release, publication and/or and other dissemination of data other than as described in this application will not be undertaken until a separate application form for that release, publication and any other dissemination means has been submitted and approved under the procedures established in Final Regulations, State Budget and Control Board, Chapter 19, Statutory Authority: 1976 Code Section 44-6-170, Article 9, "Data Release For Medical Encounter Data & Financial Reports."
16. Internal reports created during the project containing restricted data must be marked "Confidential Not For Release".
17. The original raw data elements and any copies will be destroyed or returned to the DRS upon completion of the research project, as specified in the application. Aggregate data and reports based on restricted data shall be stored under appropriate security measures. The Principal Investigator will notify the DRS via a certified letter detailing the destruction or return of these data.
18. These data must remain solely with the original project entity. A new application must be submitted in the event of a proposed change of the principal investigator for the project.
19. In the event of a change in the principal investigator, a newly signed Confidentiality Contract must be submitted to the DRS within 30 days.
20. The DRS will be held harmless from damages resulting from the use/misuse of these data.
21. These data are the property of the DRS and must be surrendered upon direction of the DOC.
22. Approval by the DOC for the release of data is not equivalent to endorsement of the project.
23. All releases of data must contain the following statement:

**NOTICE: THIS INFORMATION IS FROM THE RECORDS OF THE DIVISION OF RESEARCH AND STATISTICS, BUDGET AND CONTROL BOARD, SOUTH CAROLINA. OUR AUTHORIZATION TO RELEASE THIS**

**INFORMATION DOES NOT IMPLY ENDORSEMENT OF THIS STUDY OR ITS FINDINGS BY EITHER THE DIVISION OF RESEARCH AND STATISTICS OR THE DATA OVERSIGHT COUNCIL.**

Failure to comply with this Contract will result in the surrender of data and may result in legal action as specified in Section 44-6-180, as amended, Code of Laws of South Carolina, 1976: "A person violating this section is guilty of a misdemeanor and, upon conviction, must be fined not more than five thousand dollars or imprisoned not more than one year, or both." Violators of this Agreement may also be subject to penalties under federal statutes that apply to these data.

**Principal Investigator**

Name and Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip      Street Address      City      State      Zip  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*By signing this contract, I agree to comply with all the confidentiality requirements indicated in this document.*

\_\_\_\_\_  
Signature      Date

**CEO or Director**

Name and Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip      Street Address      City      State      Zip  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*By signing this contract, I agree to comply with all the confidentiality requirements indicated in this document.*

\_\_\_\_\_  
Signature      Date



**LIST ALL INDIVIDUALS WITH ACCESS TO THE DATA**  
*(Please include employees, subcontractors, committee members, etc.)*

*Complete Organization and Address if different from that of the Principal Investigator.*

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name and Position: \_\_\_\_\_

Organization \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_