

Data Request Form - External

***DO NOT use this form if this request is for access to your own personal health information or on behalf of an individual.**

Please submit your completed form to: data@oahpp.ca

Part A: Requester's Information

First name:

Last name:

Title:

Facility/Organization/Affiliation:

Type of Organization:

PHU

Hospital

Academic

Government

Industry

Media

Other, specify:

Work Phone:

Email:

Address:

If you have already been liaising with PHO staff please provide their name:

Part B: Description and Purpose of Project

Name of project:

Preferred Date Request Completed by:

Is this project research?

Yes

No

Describe the **Project** (200 words max) and include the following information:

What are the data elements you are requesting? Are you requesting personal health information, non-identifiable or aggregate data, or **potentially identifiable** data (stripped of direct identifiers such as name, address, etc.). If requesting **potentially identifiable** data, explain why non-identifiable or aggregate data can't be used. What are the summary data elements e.g., counts, time [days, months], sex, age or cohort, geographic indicator, risk factors? What timeframe of data is to be included? Will PHO data be linked to outside data sources? Describe and list them.

If applicable, describe the benefits derived from the project and how it fits Public Health Ontario's mandate:

Describe the purpose for which the data will be used, your deliverables (e.g., publication in peer-reviewed manuscript) and the intended audience (e.g., internal to own organization, key stakeholders/partners, general public, or other):

You certify that, to the best of your knowledge, the information provided in this request is true and complete. You may only use the data for the purpose stated in this request or as further clarified with PHO in writing and in accordance with all applicable laws. The data may not be used for any other purpose. The data is being provided on an "as-is" basis. PHO cannot and does not warrant or represent that the data is accurate, complete, reliable or current. PHO is not responsible for any losses or damages arising in connection with your use of the data. You may not publish, redistribute or otherwise disclose the data in raw or bulk form, or in a manner that would permit the identification of individuals.

Date:

Signature of Requester:

Data requests will be reviewed as quickly as possible and you will be contacted regarding additional documents required for research, the time expected to complete the work and any fees associated with producing the information.

Note: requesters may be required to enter into an agreement with PHO prior to the release of the data.