



## Arkansas Department of Health Hospital Discharge Data Systems Section

### EMERGENCY DEPARTMENT (ED) DISCHARGE DATA REQUEST FOR INFORMATION (RFI) FORM

The Arkansas Department of Health (ADH), Health Statistics (HS) Branch- Hospital Discharge Data Systems (HDDS) Section maintains the hospital ED discharge database and fills requests for aggregate health data from interested individuals, researchers, institutions and other government agencies.

#### **Health Insurance Portability and Accountability Act (HIPAA) Disclaimer:**

Data released to interested parties are subject to data protection compliance of the HIPAA of 1996, and Ark. Code Ann. § 20-7-301 et seq., State Health Data Clearing House Act 670 of 1995, as amended. Submission of this form serves as confirmation that the data recipient will conform to the confidentiality provisions of HIPAA and that any person or institution associated with this request will not be identified.

**Please Note:** If you are a researcher and your request is a research project that requires patient or hospital level datasets, the project is subject to review and approval of the ADH Science Review Committee. Also, you will be required submit a proposal that includes the information in Supplemental Document 1 and may be required to sign a Data Use Agreement (DUA).

#### **Data Request Process:**

- Complete all fields on page 2 under **ED DATA RFI APPLICATION**. Only completed request forms will be considered.
- Submit request forms to the HDDS Section Chief/HS Associate Branch Chief at [Taniesha.Richardson@arkansas.gov](mailto:Taniesha.Richardson@arkansas.gov).
- After submitting a request form, you will be notified within **4-5** business days whether (a) the request has been approved for preparation, (b) the request has been denied (i.e. it involves confidential information or does not meet required thresholds), or (c) it cannot be readily determined until the report is prepared whether or not it meets required thresholds.
- Fees may be associated with these requests.
  - For datasets and/or analyses, there is a minimum charge of \$50.00. Upon completion and submission of this request form, an itemized invoice will be emailed to you indicating the cost or total payment due.
  - Facilities who are in compliance with Act 670 of 1995, A.C.A. 20-7-201 et seq., and submits data to the ADH-HDDS Section as prescribed by rules and regulations by the State Board of Health, may receive one free data request per year.

Reported quantity of 5 or less will be suppressed if the base population (or denominator) is less than 5,000. The base population is not the Hospital Discharge Data System inpatient population, but the population that represents where a count would be compared to in regards to identifying a patient.

## ED DATA RFI APPLICATION

### Requestor Information:

|   |
|---|
| Contact Person (person requesting the data) Name and Title: |
| Organization/Department/Center/Branch/Program:              |
| Address:  |
| Telephone Number:   |
| Fax Number:   |
| E-mail Address:   |
| Signature:  |
| Date of Request:  |

**TYPE OF REQUEST**       Aggregate Data       Datasets

**PURPOSE OF REQUEST**     Research    Public Health    Healthcare Operations

### BRIEF DESCRIPTION OF REQUEST

[Enter brief description]

### DATA SELECTION CRITERIA

**(e.g., specific ICD-9 or ICD-10-CM codes, DRG codes, demographic variables, etc.)**

[Enter data selection criteria]

### TIME PERIOD FOR REQUESTED DATA

2015    2014    2013    2012- *preliminary year*

### SELECT TYPE OF MEDIA AND FORMAT FOR REPORT

○ **MEDIA**

E-mail    Paper Report    CD-ROM

○ **FORMAT**

MS EXCEL (.xls)    ASCII (.txt)    SAS Dataset

HDDS Use Only.

Date request was received:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Approved  
 Denied  
 Need More Information

**RETURN REQUEST BY** (*Please check one*):  E-mail    Fax    Pick Up    Mail

## Supplemental Document 1

### Data Request Proposal for Research Projects

Introduction: A data request proposal must be submitted to the Arkansas Department of Health Science Committee for review and approval.

The Committee will consider the following in their review of the proposal:

- Will the data be used for a legitimate public purpose?
- Has an Institutional Review Board approved the study?
- Has the researcher provided documentation that the confidentiality of the data will be protected when in his or her possession, a list of persons having access to the data and a description of all safeguards to protect the data from unauthorized access?
- Has the researcher provided documentation that the data will not be re-released in either electronic files or paper copy?
- Are individual record data needed for the purposes of the study, or would aggregate data meet the researcher's needs?
- Does the researcher need the level of detail requested? For example, does the project really require mother's date of birth, or would age suffice?
- If individual identifiers are not included in the data files, has the researcher agreed that identification of individuals will not be attempted?
- If applicable, has the researcher provided assurances that the data will not be linked with other data sets? Such linkages could easily identify individuals by name.
- Has the researcher provided assurances that no data will be published or released in any form if a particular individual is identifiable? This must include aggregate data with cell sizes so small that the identity of an individual could be determined.
- Are the data subject to HIPAA restrictions? Although vital statistics are exempt from HIPAA restrictions by statute, vital records linked with hospital or clinic data are subject to HIPAA restrictions.
- Is the researcher willing to provide a report of findings at the completion of the study?
- Has the researcher given assurances that all data files will be returned to the office of origin or destroyed at the conclusion of the project?

Please submit your data request proposal with the signed data request form.