

Public Use Data File Request & Data Use Agreement

Protecting patient confidentiality and protected health information is paramount to the Injury Prevention Unit. The Texas Department of State Health Services (DSHS) is required by state law and rule (Texas Health and Safety Code, Title 2, Chapter 92 and Chapter 181; Texas Administrative Code, Title 1, Chapter 390; and Texas Administrative Code, Title 25, Chapter 103). These rules require us to follow the Safe Harbor method of de-identification prescribed in the Health Insurance Portability and Accountability Act (Code of Federal Regulations, Title 45, Part 164.514(b)), that requires eighteen types of personal identifiers to be removed from our public use data file (PUDF). All information generated from our PUDF must be presented in a manner that ensures that no individual can be identified. In addition, there must be no attempt to identify individuals either from any computer file or by linking with a computer file containing patient identifiers.

Please complete and return this form to the Injury Prevention Unit at injury.epi@dshs.texas.gov.

Full Name:

Title:

Organization:

Mailing Address:

Phone:

Email:

Data set(s) requested:

EMS

Trauma

Submersion

Years:

to

Years:

to

Years:

to

Reason for the data request:

Public health practice

Research

Other:

Describe how the data will be used with respect to the reason(s) for the data request. Identify any external sources of funding, research hypotheses, etc.



Public Use Data File Request and Data Use Agreement

You must agree to the following provisions to receive a PUDF:

1. You will not use nor permit others to use data in any way other than for statistical reporting and analysis. If you discover a breach of confidential information, you must notify the Injury Prevention Unit without delay (Gavin Sussman, Manager, 512-776-2083 and Jia Benno, Unit Director, 512-902-0197), describing the known facts of the incident and the immediate mitigation steps you have taken, so DSHS can begin mitigating the breach's effect and prevent any additional loss of data as soon as possible.
2. You will not present or publish data in which any individual can be identified. You will not publish any statistics on a single individual including any information generated on an individual case by line listing, or any other analysis. In addition, tables with cell sizes with nonzero values less than 5 must be suppressed.
3. You will neither attempt to link nor permit others to link the data with individually identified records in another database.
4. You will not attempt to learn the identity of any person whose injury data is contained in the supplied file(s).
5. If the identity of any person is discovered inadvertently, then the following must be done:
 - A. No use will be made of this knowledge,
 - B. The Injury Prevention Unit will be notified of the incident without delay (Gavin Sussman, Manager, 776-2083 and Jia Benno, Unit Director, 512-902-0197),
 - C. No one else will be informed of the discovered identity.
6. You will neither release nor permit others to release the data in full or in part to any person except with the written approval of the Injury Prevention Unit. All research team members who have access to the data must also sign the data use agreement.
7. You will use appropriate safeguards to prevent the use or disclosure of the information other than as provided for by this data-use agreement. If accessing the data from a centralized location on a time-sharing computer or LAN with SAS, SQL or another statistical package, you will not share your user name and password with other individuals. You will not allow other individuals to use your computer account after you have logged on with your user name and password.
8. The information source should be cited in all publications. The appropriate data citation is associated with the specific data file used. In addition, the Injury Prevention Unit requests you include the following statement of acknowledgment in the text or frontispiece of the presentation, report, or publication: "Registry data have been provided by the Texas Department of State Health Services Injury Prevention Unit, PO Box 149347, Austin, Texas, 78756."

My signature indicates I agree to comply with each of the above stated provisions.

Signature

Date