

REQUEST TO INTERFACE OR DOWNLOAD RESTRICTED INFORMATION

Request Number (assigned by Compliance):			
NAME OF PERSON COMPLETING THE REQUEST:			
REQUESTING DEPARTMENT/DIVISION:		Date of Request:	
PROJECT TITLE:			
DATA SCOPE: <input type="checkbox"/> UCLA Medical Center <input type="checkbox"/> UCLA Santa Monica <input type="checkbox"/> NPH <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Outpatient non-hospital <input type="checkbox"/> Inpatient data <input type="checkbox"/> CPN <input type="checkbox"/> Practice Group <input type="checkbox"/> Other: _____			
General Category: <input type="checkbox"/> Treatment (Patient Care) <input type="checkbox"/> Payment (Billing, Financial) <input type="checkbox"/> Operations (Quality, Marketing, Fundraising) <input type="checkbox"/> Government or other mandatory reporting <input type="checkbox"/> Research – Please complete Research section on next page <input type="checkbox"/> Other (specify):			
PURPOSE (<i>Provide description</i>)			
Data Source: <input type="checkbox"/> CareConnect/xDR <input type="checkbox"/> ESPI <input type="checkbox"/> Lab Results <input type="checkbox"/> PACS <input type="checkbox"/> PowerPath <input type="checkbox"/> Other (specify):			
Data Type:			
<input type="checkbox"/> Demographics	<input type="checkbox"/> Documents/ Reports	<input type="checkbox"/> Laboratory Results	<input type="checkbox"/> Diagnostic and Procedure coded data
<input type="checkbox"/> Digital Images (specify)		<input type="checkbox"/> Film/video	<input type="checkbox"/> Charge and/or Billing Data
List all data elements (or attach list). Include any selection criteria.			
Download Method: <input type="checkbox"/> HL7 interface <input type="checkbox"/> Data extract <input type="checkbox"/> DICOM <input type="checkbox"/> Web Services <input type="checkbox"/> Other (specify) _____			
Frequency of Download: _____ (e.g. one-time, monthly, quarterly, annually)			
Volume of Data: _____ (number of patients/records)			
Date Range: From _____ to _____			

Data will be held by: <ul style="list-style-type: none"> <input type="checkbox"/> Requesting department/user <input type="checkbox"/> Other recipient within Mednet (specify): <input type="checkbox"/> UCLA Recipient outside Mednet (specify): <input type="checkbox"/> External vendor (specify): For vendors, is a fully-executed BAA in place?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other external recipient (specify): 	
Data Transmission: <ul style="list-style-type: none"> <input type="checkbox"/> Data will be transferred within Mednet using: <ul style="list-style-type: none"> <input type="checkbox"/> Mednet email <input type="checkbox"/> Mednet fileshare <input type="checkbox"/> Webservices, FTP, HL7 within Mednet <input type="checkbox"/> DICOM <input type="checkbox"/> Other internal delivery (specify): <input type="checkbox"/> Data will be transferred to locations external to Mednet using: <ul style="list-style-type: none"> <input type="checkbox"/> Mednet Business-to-Business VPN <input type="checkbox"/> Mednet Software Client VPN <input type="checkbox"/> SFTP <input type="checkbox"/> Secure website (https) <input type="checkbox"/> Email <input type="checkbox"/> Other (specify): 	
Data will be maintained: <ul style="list-style-type: none"> <input type="checkbox"/> In application <input type="checkbox"/> In database <input type="checkbox"/> On MITS or departmental file share <input type="checkbox"/> On user workstation <input type="checkbox"/> Other (specify): 	Estimate of time frame data will be maintained: <ul style="list-style-type: none"> <input type="checkbox"/> Permanently <input type="checkbox"/> Data will be returned or destroyed after use (explain): <input type="checkbox"/> Other (explain):
DATA SECURITY ASSESSMENT	
<i>If data will be maintained anywhere except on a MITS or departmental file share:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Attach COMPLETED OR UPDATED InfoSec Review Form for electronic system in which data will be stored, maintained and/or transmitted 	
Research Request Details (only complete this section if the download request is for research)	
<i>All requests for PHI for Research Purposes must be approved by the UCLA IRB and documentation attached. Request will not be considered without this information.</i>	
Authorization for Disclosure <ul style="list-style-type: none"> <input type="checkbox"/> IRB Waiver of Authorization (attached) <input type="checkbox"/> Individual Patient Authorizations (attached) <input type="checkbox"/> De-identified Data only <input type="checkbox"/> Limited Data Set (Data Use Agreement Attached) 	
Other IRB documentation <ul style="list-style-type: none"> <input type="checkbox"/> IRB Approval (attached) IRB #: _____ Study Start Date: _____ Study End Date: _____ <input type="checkbox"/> IRB Application (attached) <input type="checkbox"/> IRB Application - Data Security Plan (attached) <input type="checkbox"/> IRB Application - List of Data Elements (attached) 	

Definitions:

“Restricted Information” (as defined by UC Policy IS-3, Electronic Information Security) describes any confidential or Personal Information that is protected by law or policy and that requires the highest level of access control and security protection, whether in storage or in transit. This includes Personal Information, PHI and ePHI as defined below but could also include other types of information such as intellectual property, proprietary information, research protocols, research results, student information, animal research information, passwords, and other confidential information that could damage the reputation of the institution.

“Protected health information” or “PHI” is any individually identifiable health information, in any format, including verbal communications, regarding a patient created as a consequence of the provision of health care. “Individually identifiable” means that the health or medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the individual’s identity. PHI includes patient billing and health insurance information and applies to a patient’s past, current or future physical or mental health or treatment.

Below are listed the 18 identifiers that must be removed to consider data de-identified according to the HIPAA Privacy Rule. Note it only takes one identifier for data to be considered as containing PHI.

- Name (includes initials)
- Street Address, City, State and Zip code
- Dates (birth, death, treatment, etc.)
- Phone
- FAX
- Email
- SSN
- Med. Rec. #
- Account #
- Health Plan Beneficiary #
- Certificate License #
- Vehicle ID (VIN) & Drivers License ID
- Device ID or Serial #
- Web URL
- IP Address
- Biometric IDs, including finger- or voice-prints
- Full-face photos or comparable images
- Any other unique ID #, characteristic or code.

“Electronic Protected Health Information” or “ePHI” is PHI that is transmitted by electronic media or is maintained in electronic media. For example, ePHI includes all data that may be transmitted over the Internet, or stored on a computer, a CD, a disk, magnetic tape or other media.

“Personal Information (PI)” is an individual’s first name or first initial and last name combined with any one of the following:

- (1) social security number,
- (2) driver’s license number or California identification card number,
- (3) account number, credit, or debit card number, in combination with any required security code, access code, or password that would permit access to an individual’s financial account,
- (4) medical information, or
- (5) health insurance information.

“Medical information” means any information, in either electronic or physical form, regarding an individual’s medical history, mental or physical condition, or medical treatment or diagnosis by a health care professional, and which may be in the possession of or derived from a health care provider, health care service plan, pharmaceutical company or contractor. **“Health insurance information”** means an individual’s health insurance policy number or subscriber identification number, any unique identifier used by a health insurer to identify the individual, or any information in an individual’s application and claims history, including any appeals records. Medical information and health insurance information for patients are also considered to be PHI.