## Data Sharing Agreement Application

Instructions:

1. Review all relevant Iowa Department of Health and Human Services (Iowa HHS) policies and guidance documents before requesting access to Iowa HHS data. These documents, including all of those mentioned within the following application, are available here: <https://hhs.iowa.gov/initiatives/data-requests>.

2. Complete this application in its entirety. If you have questions or need additional assistance, please send an email to RERC@hhs.iowa.gov.

3. Submit the completed application to RERC@hhs.iowa.gov.

4. If requesting Vital Records information (birth, death, marriage, or fetal death data), a fee may be assessed. The fee schedule for vital records data is available here: [https://hhs.iowa.gov/media/7954/.](https://hhs.iowa.gov/media/7954/download?inline.%20) Send an email request to RERC@hhs.iowa.gov for a cost estimate for your data request. Iowa HHS reserves the right to assess fees for other data sets as allowed by law on a case-by-case basis to cover administrative costs.

5. For Renewals: If you are applying for a renewal of an existing research agreement, please complete the renewal application instead, available here: <https://hhs.iowa.gov/initiatives/data-requests>. Responses from your previously submitted application may be copied and pasted where appropriate. To assist the Iowa HHS Research and Ethics Review Committee (RERC), you may submit a cover letter that outlines changes.

Approval of data requests are contingent upon a full review conducted by Iowa HHS. The Agency reserves the right to deny or approve any application. This application and all materials submitted as part of this application process are subject to open records requests pursuant to Iowa Code Chapter 22.

# Date Submitted:

1. Title and Purpose of Data Request:     

Note: Non-research can include evaluation and quality improvement initiatives.

2. Describe in detail why you are requesting these data and how the data will be used. This description should fully explain the purpose of the data request. Insufficient responses will be returned for additional details.

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**Personnel Information**

3. Primary Contact/Investigator

First Name:       Last Name:

Title/Position:

Organization:

Address:

City:       State:       Zip:

Email:       Phone Number:

4. Authorizing Contract Signatory (If different from primary contact above):

First Name:       Last Name:

Title/Position:

Organization:

Address:

City:       State:       Zip:

Email:       Phone Number:

5. Data Custodian (This will be the individual responsible for the safe custody and transport and storage of the data. Responsibilities include oversight of the technical environment and database structure that hosts the data):

First Name:       Last Name:

Title/Position:

Organization:

Address:

City:       State:       Zip:

Email:       Phone Number:

6. Privacy and Security Contact (This is the individual responsible for overseeing the requirements of data privacy and security. This is the person or office within the Primary Investigator’s organization that the Primary Investigator would contact to assist with a privacy and/or security incident or breach of the data released through this application):

First Name:       Last Name:

Title/Position:

Organization:

Address:

City:       State:       Zip:

Email:       Phone Number:

**Data Request Information**

7. Intended Start Date:       Projected End Date:

8. Describe the Iowa HHS dataset(s) you are requesting for this project.

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9. Date Range:

10. Geographic Area:

Note: Legal constraints vary by dataset. All requested data for each dataset may not be released.

11. List the variables you are requesting for each dataset. Please provide in list form by dataset.

Note: If you are requesting vital records variables, please complete the Vital Records Variables Request Form available here: <https://hhs.iowa.gov/initiatives/data-requests>

**Iowa HHS will only release the minimum data required to achieve project aims. Requesting more data than needed will not be approved and may delay the processing of your request.**

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12. Explain how this work will be of intrinsic value to the people of Iowa:

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13. Do you already have access to these data?

If yes, please provide the number for the agreement or contract that authorized the release of data:

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**Re-release of Data**

14. Will any of the data shared through this application be disclosed outside the immediate project team?

If yes, please describe the details regarding your intended release.

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**Data Linkage Information**

15. Will you link Iowa HHS data to any other data, including any other data requested herein? (Examples of data linkage include; using data from any other source for comparison purposes, creating linked databases (including with geocoding data), or adding Iowa HHS data to an existing study dataset).

If linkage to other data is intended, list the datasets you plan to link and the purpose of this linkage.

Note: Iowa HHS reserves the right to request a flowchart or additional information for clarification.

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**Data Security Information**

In order to receive access to the requested Iowa HHS Confidential information, the applicant must agree, acknowledge, and adhere to these security standards: <https://ocio.iowa.gov/standards>. Certain datasets may have more stringent security requirements.

**Application Acknowledgments**

16.  I acknowledge and agree that these data will not be used for any purposes other than those  
 described in the application.

17.  I acknowledge and agree to follow all privacy and security requirements as listed in the data  
 sharing agreement and this application.

**Additional Information**

18. Did you discuss this data sharing with any Iowa HHS official or employee prior to submission?

If yes, please provide name(s) of employee(s):

Note: This information does not impact approval. Iowa HHS may contact this person for technical assistance.

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**PART II: Research**

Please complete this portion of the application only if you are requesting data for research purposes.

1. Describe how human subjects are selected for inclusion in this project:

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2. Describe data collection procedures and protocols:

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3. Briefly describe planned data analysis, including de-identification procedures:

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4. Will you use Iowa HHS data to identify individuals to be contacted in the study?

If yes, please describe contact protocols and procedures.

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5. As part of the study, will individuals be consented to their participation?

a. Please describe informed consent processes and procedures (if applicable):

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b. If participants are under 18 years of age, please describe any additional steps for their consent.

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6. Has this project been approved by an Institutional Review Board (IRB)?

Approval or Exemption Date:

Note: Please send IRB approval or exemption letter with application.

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7. Identify any other important parameters related to the data being requested. (For example: request is only for aggregate data, certain individuals (death certificates for enrolled study participants), a specific age range, a specific diagnosis (ICD codes), a specific gender, etc).

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