



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
Mary T. Bassett, M.D., M.P.H.  
*Commissioner*

## **DATA USE APPLICATION FOR DATA SHARING WITH EXTERNAL ENTITIES**

**\*\*\*TO BE COMPLETED BY DATA REQUESTER\*\*\***

**I. Information about the “Data Requester”**

A. Name and Title: \_\_\_\_\_

B. Affiliation/Organization (if applicable): \_\_\_\_\_

\_\_\_\_\_

1. Primary Office Address: \_\_\_\_\_

\_\_\_\_\_

2. Telephone Number and E-Mail Address: \_\_\_\_\_

\_\_\_\_\_

C. Name of the individual authorized to legally bind the Organization to the terms of a Data Use Agreement. \_\_\_\_\_

1. Primary Office Address (if different from I.B.1 above): \_\_\_\_\_

\_\_\_\_\_

2. Telephone Number and E-Mail Address (if different from I.B.2 above):

\_\_\_\_\_

\_\_\_\_\_

**II. Information about the Data being requested**

A. Describe in detail the data that you are requesting from DOHMH in the form attached hereto as **Attachment A**, and entitled “**Attachment A – Data Points.**”

- B. What type of data are you requesting? (check all that apply)
1. Individually identifiable line-listed (micro) data<sup>1</sup> \_\_\_\_\_
  2. Non-identifiable line-level data<sup>2</sup> \_\_\_\_\_
  3. Non-identifiable aggregate data (i.e., tabular data)<sup>3</sup> \_\_\_\_\_
  4. Other type of data or information not referenced above. \_\_\_\_\_

**\*\*\*Please specify the data elements or specific aggregate data (e.g., table shell) that you are requesting on Attachment A.**

- C. Describe in detail your intended use of the data that you are requesting in the form attached hereto as **Attachment B**, and entitled “**Attachment B – Project Description and Data Use.**”
- D. List the Name and Job Title of each person in your organization who will access the Data provided by DOHMH in the form attached hereto as **Attachment C**, and entitled “**Attachment C – Authorized Users**”.
- E. Will the Data be used for any publications, abstracts, conference presentations, and meetings?
1. Please describe any anticipated publications, abstracts, conference presentations, and meetings that are related to the Data (you may attach more sheets if you need additional space to respond).

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<sup>1</sup> “**Individually identifiable data**” means data that: (i) affirmatively identify an individual because of the inclusion of demographic information and/or unique identifiers such as a name, social security number, date of birth, or EMR number; or (ii) data which reasonably can be used to identify an individual either when combined with publicly available information or through other means.

“**Line-listed (micro) data**” means information where there are one or more records or rows for each individual in the sample.

<sup>2</sup> “**Non-identifiable data**” means data stripped of all data elements that affirmatively identify an individual and which reasonably cannot be used to identify an individual either when combined with publicly available information or through other means.

<sup>3</sup> “**Aggregate data**” or “**Tabular data**” means information where line-listed data have been combined into two or more strata. Aggregate data may be comprised of counts (frequencies) or summary statistics.

**III. Organizational Ability to Keep Data Private and Secure.**

A. Please provide us with a recent Security Assessment report such as the SSAE-16<sup>4</sup>, SYSTRUST<sup>5</sup>, or other industry recognized audit report on your organization’s controls measured by the effectiveness of security, confidentiality, integrity, privacy, and availability.<sup>6</sup>

B. Does your organization have policies addressing data privacy and security?

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C. Briefly describe the privacy and security protocols that you have in place to maintain data confidentiality and security. (You may attach additional sheets if you need more space to respond)

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D. Has your organization ever experienced a data breach? (This includes the loss and/or theft of a mobile device) \_\_\_\_\_

1. If yes, please briefly summarize the nature of the breach/breaches. (You may attach additional sheets if you need more space to respond)

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<sup>4</sup> “SSAE 16” stands for Statement on Standards for Attestation Engagements no. 16. This refers to standards put forth by the Auditing Standards Board of the American Institute of Certified Public Accountants for “reporting on controls at service organizations.” See, <http://www.ssaе16.org/white-papers/what-is-ssae-16.html>.

<sup>5</sup> “SysTrust” is “an assurance service that was jointly developed by the American Institute of Certified Public Accountants (AICPA) and the Canadian Institute of Chartered Accountants (CICA)...designed to increase the comfort of management, customers, and business partners with systems that support a business or particular activity.” See, <http://sas70.com/FAQRetrieve.aspx?ID=33287>.

<sup>6</sup> *The program has the discretion, in consultation with OGC and DIIT, to waive this request depending on the data at issue.*

2. Please explain the corrective action that you took following the breach/breaches. (You may attach additional sheets if you need more space to respond)

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**IV. Institutional Review Board (IRB) Approval**

- A. Have you submitted your project to an IRB? \_\_\_\_\_
- B. What is the name of the IRB to which your project was submitted? \_\_\_\_\_
- \_\_\_\_\_
- C. If you submitted your project to an IRB other than the DOHMH IRB, please provide the address, telephone number, and e-mail address for the IRB.
- \_\_\_\_\_
- \_\_\_\_\_
- D. Has the IRB determined that your project constitutes human subjects research as governed by 45 CFR Part 46?
- \_\_\_\_\_
- E. Have you received IRB approval for your project? \_\_\_\_\_  
(If so, please attach approval documentation)

**\*\*\*TO BE COMPLETED BY DOHMH PERSONNEL\*\*\***

**V. DIVISION/BUREAU/PROGRAM INFORMATION**

- A. Name of DOHMH Division(s)/Bureau/Program that collects and maintains the data being requested. \_\_\_\_\_
1. Program Contact Name and Title. \_\_\_\_\_
- \_\_\_\_\_

2. Program Contact Telephone Number and E-mail Address. \_\_\_\_\_

\_\_\_\_\_

B. Start date of contract: \_\_\_\_\_

C. End date of contract: \_\_\_\_\_

D. Is there another related agreement between the Parties? \_\_\_\_\_

(If so, please attach to this form)

E. Does the requested data contain individually identifiable information? \_\_\_\_\_

F. May the data reasonably lead to the identification of an individual if combined  
with other publicly available data? \_\_\_\_\_

**VI. Did DOHMH obtain any of the data pursuant to a data use  
(or other) agreement with an external entity?**

If so, email the agreement along with this form to the general counsel's office.

**DOHMH DATA USE APPLICATION AND AGREEMENT  
FOR DATA SHARING WITH EXTERNAL ENTITIES**

**ATTACHMENT A – DATA POINTS**

Describe in detail the data that you are requesting from DOHMH, including the data source, the time period for data of interest, and specific data elements.

**DOHMH DATA USE APPLICATION AND AGREEMENT  
FOR DATA SHARING WITH EXTERNAL ENTITIES**

**ATTACHMENT B – Project Description and Data Use**

Describe your project below and the intended use of the data. Please outline in as detailed a manner as possible the specific analyses that you will engage in using the requested data.

