

HSC Data Sharing Questionnaire



STOP: If you will be exchanging data, please contact HSC-Preaward@salud.unm.edu to ensure a Data Use/Share agreement is appropriate. Exchange of data constitute “work” and to remain in compliance with the NM Anti-donation Act, public employees cannot work for free.

Name of HSC Requester (HSC PI, for Research): _____

Requester Department: _____

Administrative Contact: _____

Describe the data you are proposing to have transferred? _____

Where did the data come from? _____

Was this data:

Is the data part of a sponsored project?

If so, enter grant or contract number:

Does this request include clinical data that belongs to the
UNM Health Systems?

Will data be transferred into HSC or out of HSC?

*Please list specific data points that you are proposing to
send out or proposing to receive on page 2.*

Contact information of sending/receiving party
(i.e. who should we work with on the other side?):

Name: _____

E-Mail: _____

Is the above entity a “covered entity” under HIPAA?

Does the data contain patient identifiers and health
information (PHI)?

If no, was the data derived from PHI and de-identified
pursuant to HIPAA?

Does this data include information about patients seen at
someone else’s health system or at a third party medical
provider?

Does the data relate to human subjects research?

Did the subjects consent to or authorize the disclosure of
their individual identifiable health information?

Did the IRB waive HIPAA authorization?

Does the data include information about substance abuse
treatment, sexually transmitted diseases, genetic testing
results, HIV/AIDS testing results, and/or mental health?

UNM IRB number with approval date, or status (i.e. pending):

Is the data owned or partially owned by another party or
have any type of restrictions including regulatory
restrictions (e.g. HIPAA, FERPA, etc.)?

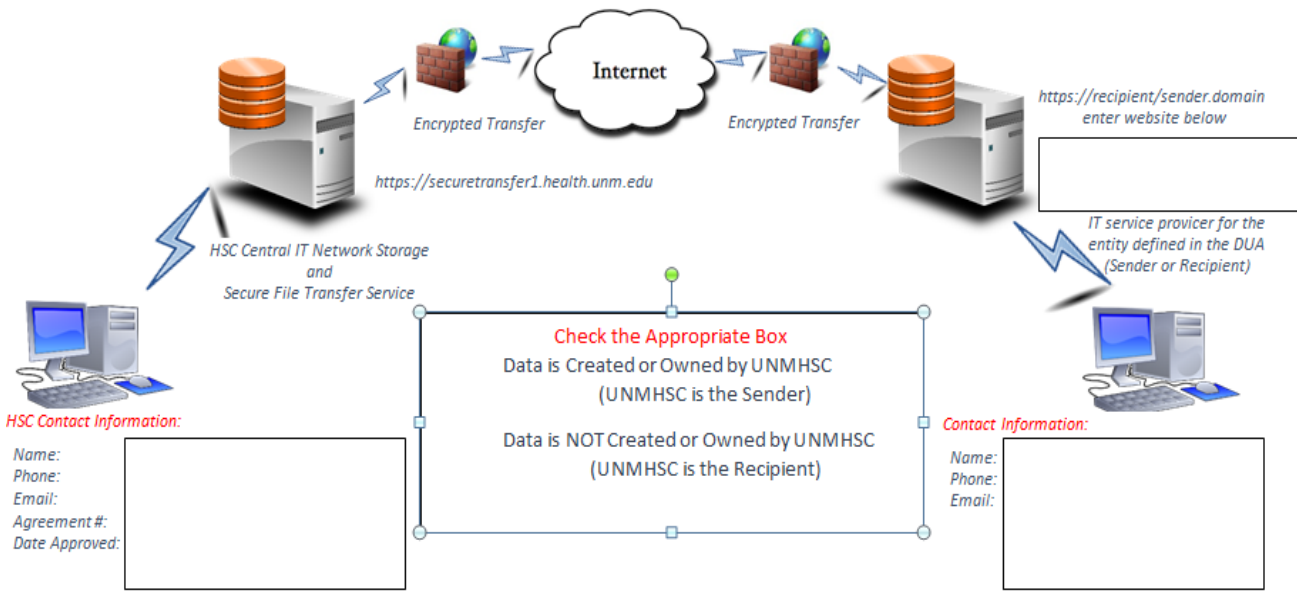
Is the data publically available?

Explain:

Please list data points, variables, etc. to be transferred:

*Identifiers that MUST be removed to make health information de-identified: Names, All geographic subdivision smaller than a State, All elements of year (except year), Telephone, Fax numbers, E-mail addresses, Social Security, Medical record number, Health plan beneficiary, Account numbers, Certificate/licnese numbers, Vehicle identifiers and serial numbers, Device identifiers and serial numbers, Web URLs, IP address numbers, Biometric identifiers, full face photographic images, and Any other unique identifying number, characteristic or code.

Please complete data flow:



Please indicate the HSC.Help (<http://help.health.unm.edu>) request number for the data transfers using HSC central IT: _____

*Final approval requires notification that the data transfer method has been approved by IT security.

Recommendation: Investigators are encouraged to develop their protocols with the data sharing questionnaire in mind. Start by answering the questions on the form and then ensuring that for each question there is reference in the protocol that it reinforces the answers you provide.