

Office for Oregon Health Policy & Research

RESEARCH DATA REQUEST

INSTRUCTIONS: The Researcher must submit documentation responsive to each of the following items. In addition, after submitting the "Research Data Request" and receiving approval from OHPR, researcher must submit the Data Order Form, a check covering the costs of data requested and a signed Data Use Agreement.

1. Identify the Researcher, including information about the individual initiating the request, and the individual's academic or organizational affiliation for purposes of conducting the Research. The person initiating the request will be described as the Researcher for these purposes. OHPR requires a named person to serve as the contact person.
2. Describe the Research, and attach a copy of any official description of such research such as might be provided to a funding source or academic reviewer. Specifically identify the purpose of the research as it relates to the Research Data Request being submitted to the Office of Health Policy (OHPR).
3. Provide information about whether this research project is subject to Institutional Review Board or Privacy Board procedures, and provide documentation if applicable.
4. Describe the specific data being requested with this Research Data Request. Include specific time parameters, demographic information, and other specific types of information requested. OHPR will respond to a request for "any and all data" by requesting clarification from the Researcher. Note: The amount of information being requested may affect the fees.
5. Describe the format of the data that is preferred. OHPR is not required to re-format data or to install new software in order to respond to a Research Data Request.
6. Provide information about the safeguards that Researcher has in effect to prevent the unauthorized disclosure of Restricted Data, including documents such as confidentiality statements, standard operating procedures and protocols demonstrating Researcher's ability to provide adequate safeguards.
7. Identify the persons, by name or official title, or describe the classes of persons in Researcher's Workforce, who are reasonably likely to have access to Restricted Data. If any of the persons described in this section will not be subject to the safeguards described in section 6, specifically describe the actions Researcher will take to prevent the unauthorized disclosure of Restricted Data to such persons.
8. Provide such other information as Researcher may want OHPR to consider in responding to this Research Data Request.

Form D-1

When the Research Data Request is submitted, it shall contain the following statement and be signed by the Researcher.

The undersigned Researcher certifies that the information provided in this Research Data Request is accurate and true. Researcher authorizes OHPR to use this information for purposes of responding to the Research Data Request and related purposes, and to take actions to confirm the information contained herein. Researcher agrees to notify OHPR within 7 calendar days of any material change in any of the information provided in this Research Data Request.

Researcher Signature _____ Date _____

Phone: _____

Email: _____

Mail To: Office for Oregon Health Policy and Research
Research & Data Unit
Attn: Shawna Kennedy-Walters
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Questions: [Shawna Kennedy-Walters](#) or (503) 373-1598