

Oregon APAC-2 Application

Contact information

Applicant name:

Title:

Organization:

Mailing/street address:

City:

State:

Zip:

Phone:

Email:

Project Summary

1. Project title
2. Briefly describe the project and how you plan to use APAC data (50 – 200 words)

3. What is the anticipated timeline for the project?

Start date

End date

4. Are you amending or renewing a previously approved APAC application? If yes, contact apac.admin@state.or.us for the correct form.

Yes No

5. Purpose of the project (choose only one – refer to 45 CFR 164.501 for definitions)

Research Public Health Activities by a Public Health Authority
 Treatment Payment Health care operations
 If Treatment, Payment or Health care operations, is applicant part of a covered entity?
 Yes, health plan Yes, health care clearinghouse
 Yes, health care provider transmitting health information in electronic form
 No, not a covered entity

Business Associate; contract number _____
 Other

6. Will data be linked at the record level to any other data sources? Yes No
 If yes, specify which data sources and how they will be linked.

7. Please indicate the type of data file(s) you are requesting – choose only one type of data.

Public Use File

§ Select the data elements available before selecting the file(s). Information is available at <http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/APAC-Data-Requests.aspx>.

§ If the public use file is delivered and is not usable for your needs, no refund will be provided.

§ Use the following information to determine the cost of the data request.

PUF Data Request and Cost	2011	2012	2013	2014	2015	2016
Episodes of Care (medical and pharmacy)	\$1000	\$1000	\$1000	\$1000	\$1000	\$1000
Medical Claims only	\$500	\$500	\$500	\$500	\$500	\$500
Pharmacy Claims only	\$500	\$500	\$500	\$500	\$500	\$500
Total	\$	\$	\$	\$	\$	\$
Grand total	\$					

Medical claims contain hospital, emergency department, ambulatory surgery, outpatient and other treatment settings

Pharmacy claims do not include diagnosis and procedure codes and are not linked to medical claims

Limited or custom without direct identifiers (no names, addresses, dates of birth, etc. requested)

- After initial review of this form, the APAC-3 will be emailed to you for more information on your request.
- A data use agreement is required for this data file type.
- The data requester is prohibited from attempting to re-identify individuals under the terms of the data use agreement.
- The cost of the limited or custom data file will be determined after review of the specific request. Payment is required before the data file will be created.

Limited or custom with direct identifiers (names, addresses, dates of birth, etc. requested)

- After initial review of this form, the APAC-3 will be emailed to you for more information on your request.
- Please note that a higher level of scrutiny on minimal necessary information occurs for data files with direct identifiers.
- A data use agreement is required for this data file type.
- The cost of the limited or custom data file will be determined after review of the specific request. Payment is required before the data file will be created.

Signature

By signing this application, you certify that the information contained within this APAC-2 form is accurate.

Name:

Date:

Signature:

Signature example