



## 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](mailto: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 you are requesting – choose only one type of data.

Public Use File

- Review the data elements available before selecting the file(s). Information is available on the APAC Data Requests [website](#)
- If the Public Use File is delivered and is not usable for your needs, no refund will be provided.
- *Select the requested file(s) and years of data from the table on the following page.*

**Public Use File Data Request and Cost**

Year	Episodes of Care (medical and pharmacy)	Medical claims only	Pharmacy claims only	Total	Grand Total
2011	\$ 1000	\$ 500	\$ 500	\$	\$
2012	\$ 1000	\$ 500	\$ 500	\$	
2013	\$ 1000	\$ 500	\$ 500	\$	
2014	\$ 1000	\$ 500	\$ 500	\$	
2015	\$ 1000	\$ 500	\$ 500	\$	
2016	\$ 1000	\$ 500	\$ 500	\$	
2017	\$ 1000	\$ 500	\$ 500	\$	
2018	\$ 1000	\$ 500	\$ 500	\$	

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 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 data file will be determined after review of the specific request. Payment is required before the data file will be created.

Limited 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 for 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 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, I verify that the information contained within this APAC-2 form is accurate.

Name:

Date:

Signature: