



OREGON  
HEALTH  
AUTHORITY



APAC  
ALL PAYER • ALL CLAIMS

## All Payer All Claims Update Amendment

Use this form for approved APAC data requests when requesting changes to:

- additional years of data requested
- additional data elements requested
- any change in use of data including linking or additional research questions
- any change in research protocol regardless of whether approval by an Institutional Review Board is required

**No changes to data use or research protocols are permitted when using APAC data until this amendment is approved.** OHA will determine the cost of the requested data years or data elements and provide an invoice after review. Payment is required before data is released.

Staffing changes must be submitted on the Staff Amendment Application. The application number and Principal Investigator name must match those in the signed Data Use Agreement (DUA) for the project.

For questions about the amendment process, including the application number or original application date, contact [apac.admin@odhsoha.oregon.gov](mailto:apac.admin@odhsoha.oregon.gov).

Information on available data elements, the data dictionary, and data years can be found on the [APAC Data Requests webpage](#).

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### PROJECT INFORMATION

Project Title

APAC Data Request Number

Applicant

Principal Investigator

Organization

Email

Date of original application (month and year)

## Section 1: Request category

This amendment includes (choose all that apply):

Request for additional data year(s); complete Sections 2 - 3

Request for additional data elements; complete Sections 2 and 4

Request to modify research questions; complete Sections 2 and 5

Request to modify data linking activities; complete Sections 2 and 6

Request to modify research protocol; complete Sections 2 and 7

If new data (years or elements) are requested, the person to be notified of data availability is \_\_\_\_\_.

This individual is already part of the authorized project team.

A staff amendment is being submitted to add this individual.

## Section 2: Institutional Review Board (IRB) approval

This project did not require IRB approval.

The amendment is already approved within the scope of the original project. *If not, a new application for data must be submitted.*

The modification(s) of data elements, research questions, linking or change in research protocol was within the scope of the original project and the changes have been approved by the IRB. *OHA reserves the right to independently assess if the modification is within the scope of the original project.*

Updated IRB approval attached

## Section 3: Additional data year(s)

Years previously received under this Data Use Agreement:

2011	2012	2013	2014
2015	2016	2017	2018
2019	2020	2021	2022

Additional years requested in this amendment:

2012	2013	2014	2015
2016	2017	2018	2019
2020	2021	2022	2023

## **Section 4: Additional data elements**

4.1 Describe the reason additional data elements are required and how use of the additional elements falls within the original project.

4.2 Complete and attach the Data Element Workbook to specify which data elements are requested. Justification is required for each data element in compliance with HIPAA's minimum necessary data requirement.

Completed Data Element Workbook attached.

## **Section 5: Modification of research questions**

Explain the requested change and how the change is within the original project approved for APAC data use.

## **Section 6: Data linking activities**

Explain the requested change and how the change is within the original project approved for APAC data use.

## **Section 7: Change in research protocol**

Explain the requested change and how the change is within the original project approved for APAC data use.

## Section 8: Signatures

Other than the changes requested above and approved, all terms and conditions of the Data Use Agreement and any other previous amendments are still in full force and effect. Changes in research questions, data linking or research protocol are not approved until this amendment has been signed by all parties with the final signature that of OHA.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

OHA Health Analytics approval:

Signature

\_\_\_\_\_  
Date

Piper Block  
Printed name

Research and Data Manager  
Title

The completed form can be emailed or mailed to:  
Office of Health Analytics – APAC  
421 SW Oak Street, Suite 850  
Portland OR 97204

[apac.admin@odhsoha.oregon.gov](mailto:apac.admin@odhsoha.oregon.gov)