Critical Care Information System (CCIS) Data Request Form
(Not for Research)

This form must be completed in full by any individual or organization requesting access to data from the Critical Care Information System (CCIS).

Note: The CCIS Data elements can be located on the CritiCall Ontario website

Name of Requesting Organization:

Type of Organization:

Name of Requestor:

Requestor's Role/Title:

Is Personal Health Information being Requested: ☐ Yes ☐ No

If PHI is Being Requested, List the Data Elements Required:

PHIPA authorities, restrictions for disclosure:

If Not PHI, What Aggregate or De-Identified Data/Reports are Requested?

Requestor will sign data sharing agreement setting out the terms and conditions of disclosure including that the requestor will not attempt to re-identify the data if applicable:

☐ Yes   ☐ No

Time period of Data Request (MM/DD/YYYY): From _____ **To** _____

What Purpose Will the Data Serve/ How Will it Be Used?

Has a Privacy Impact Assessment or Risk Analysis Been Completed on the Request?

☐ Yes   ☐ No

The Length of Time the Data Will be Used by the Requesting Organization:

Is the Request for an Extension on the Use of PHI Previously Provided to Your Organization by HHS/CritiCall Ontario?   ☐ Yes   ☐ No

Secure means of data transport:

Requestor's Signature:

Date (MM/DD/YYYY):

Completed CCIS Data Request Forms (Not for Research) must be submitted to the CritiCall Ontario Privacy Lead. Submissions may be made by:

Email to: Or   **Regular mail to:**
privacy@criticall.org   Attention: Privacy Lead
                                                       CritiCall Ontario
                                                       1725 Upper James Street
                                                       Suite 200
                                                       Hamilton, ON
                                                       L9B IK7