

Virginia Health Information (VHI) Data Request Form

NOTE: Request should be submitted at least 3 weeks prior to the expected deadline.

Date of Request: Click here to enter a date.	Deadline Date: Click here to enter a date.
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Principle Investigator Information	
Name (Last, First, Title):	
Type: Choose an item.	Department:
Phone Number:	Email:

Requestor Information (if not Principle Investigator)	
Name (Last, First, Title):	
Type: Choose an item.	
Phone Number:	Email:

Project Title:

Please answer the following questions:

1. What is your main research question/purpose of the study?

2. Additional research questions?

3. What is your study population?

4. Briefly describe your methodology/analysis:

5. Which data files/variables are you requesting?

6. What year(s) are you requesting?

7. Have you reviewed the data file descriptions/ record layouts available at the VHI website (<http://www.vhi.org/pld.asp>) to make sure that the variables you requested are available?
 Yes No

8. Please describe your plan for the release of results, indicating the public dissemination plans:

9. Are you going to link VHI data sets with any other data?
 Yes No

If yes, please describe:

10. Have previous years of data been provided for this project in the past?

Yes

No

If yes: please describe:

11. Who will have access to the raw datasets and what are their roles in this study?

12. Add any additional information that may assist this review:

I understand I am permitted to use the data for this particular research study only

I understand that data will not be shared

For any publications and presentations, I agree to acknowledge the EVMS Brock Institute for Community and Global Health and the EVMS-Sentara Healthcare Analytics and Delivery Science Institute (HADSI)

I understand and agree to abide by all the [terms and restrictions](#) described regarding the use of the Virginia Health Information (VHI) patient level data (please click on the link before checking this box)

PI Signature:

Date:

Please e-mail the completed form to: HADSI@evms.edu

EVMS/The Brock Institute has purchased a license to use patient level data from Virginia Health Information (VHI). By submitting this request to access data from the VHI database, you acknowledge and agree as follows:

1. All VHI data may only be used for the purpose stated above or to generate documentation necessary to properly conduct such purpose. If the purpose should change, additional permission must be sought from the Brock Institute.
2. All VHI data must be handled in a confidential manner and attempts, by commission or omission, to identify, disclose, discuss, release, or provide access to information on specific individual patients is prohibited.
3. No VHI data, or any information or documentation generated from such data may be licensed, rented, leased, distributed, transferred, or otherwise shared with any third-party without permission from the Brock Institute.
4. VHI data may not be used for research purposes without EVMS IRB review.
5. If direct access to the VHI database is granted:
 - a. Access privileges and/or login credentials to the VHI system may not be shared with any other person;
 - b. Transactions on the VHI database may be logged and are subject to audit; and
 - c. The Brock Institute reserves the right to revoke a user's access privileges at any time.
6. The following statements must be included on any report, publication, information, documentation or other works created using VHI data:

In conjunction with M. Foscue Brock Institute for Community and Global Health at Eastern Virginia Medical School.

VHI has provided non-confidential patient level information used in this file, report, publication, or database which it has compiled in accordance with Virginia Law but which it has no authority to independently verify. By using this file, report, publication, or database, the user agrees to assume all risks that may be associated with or arise from the use of inaccurate data. VHI cannot and does not represent that the rise of VHI's data was appropriate for this file, report, publication, or database or endorse or support any conclusions of interference that may be drawn from the use of VHI's data.

7. Violation of any terms stated above will result in future access to VHI to be revoked and may be subject to disciplinary action in accordance with EVMS policies.

THIS SECTION IS FOR INTERNAL USE ONLY

Signature	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
 <hr/> The Brock Institute Director <hr/> Print Name	Date: <p style="text-align: center;">____ / ____ / ____</p>
Signature	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
 <hr/> Healthcare Analytics and Delivery Science Institute Director <hr/> Print Name	Date: <p style="text-align: center;">____ / ____ / ____</p>