

E-mail completed application to:
sparcs.requests@health.ny.gov

SPARCS Program
New York State Department of Health
Corning Tower, Room 1998
Albany, New York 12237

Phone: (518) 474-3189
Website: <http://www.health.ny.gov/statistics/sparcs/>

FOR DOH USE:

Request Number: _____

Date: _____

Please refer to the [SPARCS Limited and Identifiable Data Request Form \(DOH-5132\) Instructions](#) for guidance on completing this application.

File Type Requested:

Limited

Identifiable

1. ORGANIZATION AND INDIVIDUAL REQUESTING THE USE OF DATA

A. PROJECT DIRECTOR

Please submit C/V and provide name, title, phone, and e-mail:

B. ORGANIZATION NAME

Include specific department or unit:

C. ORGANIZATION ADDRESS

Street, city, state, and zip:

D. CONTACT PERSON

Name, phone, and e-mail (if different than Project Director listed in 1.A):

E. TYPE OF REQUESTOR

Check all that apply:

Student researcher, if used for a course or your curriculum (e.g., dissertation/research paper)

Non-profit organization (include your tax exempt ID #) _____

Private company/corporation

Article 28 Facility

Federal, NY State, or NY local agency

Out of State agency

Other _____

2. NATURE OF REQUEST

A. TITLE OF PROJECT

B. PRIMARY REASON/PURPOSE, OBJECTIVE, AND BENEFIT

C. TYPE OF REQUEST

Check all that apply:

Epidemiological

Financial

Health planning and resource allocation

Quality of care assessment

Rate setting

- Research studies
- Surveillance
- Utilization review of resources
- Other

D. DATA REQUESTED

1. **Data Type and Years Requested.** List calendar year(s) requested for each data file. For available years, please refer to the SPARCS Limited and Identifiable Data Request Form Instructions.

Data Type	Year(s) Requested
<input type="checkbox"/> Inpatient	
<input type="checkbox"/> Outpatient	

2. **Data Updates.** Will you require periodic updates of the dataset?

Yes No

If yes, select frequency: Annual Quarterly (requires justification/approval)

3. **HIV/AIDS and Abortion Records** (identifiable only). These records have been redacted to the standard of the HIPAA "Safe Harbor" provision, which eliminates all direct and indirect identifiers. All elements must be justified in the Data Element section on page 9. Abortion records will only be released if the request is accompanied by an approval letter from the New York State Commissioner of Health.

HIV/AIDS Records (identifiable requests only):
Are you requesting non-redacted HIV/AIDS records?

Yes No

Abortion Records (identifiable requests only):
Are you requesting non-redacted abortion records?

Yes No

E. INSTITUTIONAL REVIEW BOARD (IRB) WAIVER OR EXEMPTION (IDENTIFIABLE ONLY)

Identifiable data requests must include evidence of: (1) patient consent to perform the research; (2) an IRB-approved waiver of consent; or (3) an IRB finding of exemption. **Your research protocol must be provided for review.**

Yes (attach a copy of the research protocol and consent waiver approval or finding of exemption)

No (attach Patient Consent Instrument or enter date protocol was submitted)

Not Applicable (Limited data request)

3. SUMMARY OF PROPOSAL

A. RESEARCH METHOD OR DATA ANALYSIS PLAN

Note: All applications must include a separate document that provides an overview of the proposed project, including (1) all research questions to be investigated; (2) your research method and analysis plan, and (3) expected benefits of the research. Please name the document "Project Summary" when submitting to SPARCS.

B. CELL SIZE

The Department's cell size policy stipulates that no cell (e.g. admissions, discharges, patients) with a value of 10 or less may be displayed to anyone without an executed individual DUA on file. No percentages or other mathematical formulas may be used if they result in a cell value of 10 or less. Please indicate that you will comply with the SPARCS policy, or describe your organization's cell size policy for consideration.

C. LINKAGES

Will you be linking SPARCS data to New York City or New York State Vital Statistics? Please indicate which files, and attach a copy of your approval to perform the linkage from each data steward. For identifiable data requests, your consent instrument or research protocol must disclose planned linkages.

NYC Death	Years:
NYC Birth	Years:
Rest-of-State Death	Years:
Mortality Indicators	Years:

Will you be linking SPARCS to any additional data source(s)?

Yes No

Please identify the data source(s) and the output file including the data elements available:

4. CONFIDENTIALITY OF DATA

If granted permission to use SPARCS data you must follow the security guidelines as set forth in the instructions, as well as those stated in the Health Information Portability and Accountability Act (HIPAA). By signing, you agree that no attempt will be made to identify any specific individual for whom data are supplied.

A. DATA SECURITY

Describe the safeguards that exist or that will be implemented to ensure the SPARCS data is kept confidential during processing and storage. Submit an initialed and signed Security Guidelines document. The document can be found on the public website at the following address: <http://www.health.ny.gov/statistics/sparcs/forms/>.

B. CONTRACTORS/EXTERNAL PROJECT PARTNERS

Identify any contractors, or external project partners, and their role. These parties must have an approved SPARCS Organizational Data Use Agreement (DOH-5132OA) on file.

C. DATA STORAGE

Will the data be stored at a location other than with the requesting organization?

Yes. A separate organizational affidavit is required, along with a description of how the data will be protected and secured.

Name of organization: _____

No

D. DATA RETENTION

You are required to destroy/return all data and derivatives at the end of your project or date of expiration. Upon completion of the project or expiration of the data, you must submit a certification of destruction letter. By signing this application, you indicate that you understand and agree to abide by these requirements.

Check this box to indicate agreement

A written request for approval to extend this time period beyond the date of expiration may be submitted to sparcs.requests@health.ny.gov.

E. DATA USE AGREEMENT (DUA)

SPARCS data may not be release to anyone without approval, and you are required to keep patient identifiers confidential. In addition, this data can only be used for the purpose(s) contained in this application.

In the table below, identify each individual who will have access to the dataset(s), including the names of contractors, or external project partners. Should you wish to add new users to this project after it has been approved, please send an e-mail request (including the individual DUA) to sparcs.requests@health.ny.gov.

Only those listed below (with a DUA on file) may access the data.

Name

Affiliation

F. RELEASE OF DATA

Do you intend to disseminate information derived from the SPARCS data or re-release the data to any project partner(s)?

Yes

No

If yes, how do you plan on releasing information? Check all that apply:

Disseminate information Re-release the dataset

To whom will the information be released?

Describe what will be released and in what format.

Unless approved by the SPARCS Data Governance Committee, you are prohibited from releasing identifiable data elements.

5. SIGNATURES

Signatory Affirmations

Project Director:

I understand that while data is in my possession SPARCS maintains the right to request quarterly statements describing how the requested information has been used, descriptions of any and all releases of the information including identification of who received the information, data elements released, and purpose of the release.

By signing below, I am attesting that this data will be used for the sole purpose(s) indicated in this application. The identifiable or limited data will not be shared with any person or entity not covered by this application and in no way will we attempt to identify individual patients using SPARCS data.

Organizational Representative:

I affirm that I am authorized to contract on behalf of the entity listed in Section 1.B of this data request application, and that the New York State Department of Health may reasonably rely on my signature as evidence of the requesting entity's assent to the terms of this SPARCS data request and all associated documents, agreements, and requirements.

A. PROJECT DIRECTOR

Signature of Project Director: _____

This person must approve all individual DUAs.

Printed Name and Title: _____

If you are a student, please have your professor, or advisor, sign below indicating that the data is needed for a course, or your curriculum.

Signature and Title of Professor or Advisor: _____

B. ORGANIZATIONAL REPRESENTATIVE

Signature of Organizational Representative: _____

Must be authorized to legally bind the organization.

Printed Name and Title: _____

6. IDENTIFIABLE DATA ELEMENTS

Please refer to the [Data Dictionary](#) on the SPARCS Program’s public website for additional SPARCS data element information.

SPARCS Data

Justification

Dates. Includes all dates other than patient date of birth.	
Patient Date of Birth	
Patient Address. Includes entire patient address.	
Patient Record Numbers. Includes all numbers other than policy number.	
Policy Number	
Unique Personal Identifier (UPI)	

Extraction Criteria (if applicable)

Select from the following available extraction criteria.

Extraction criteria should be selected if your project can be accomplished with a subset of the SPARCS statewide file (i.e. patients aged 18 and older, inpatient claims only, hospitals in Kings County only, etc.).

- Claim Type (IP only, ED only, or OP only)
- Patient County of Residence
- Hospital County
- Age
- Gender
- Hospital Permanent Facility Identifier (PFI)

Change Log

Version	Date	Updates
1.0	April 2016	Initial publication
2.0	Nov. 2021	Added fillable data fields; added requirement of justification to receive quarterly data updates and eliminated semi-annual update option; updated instructions RE: IRB review and data linkages; added Project Summary requirement; deleted PRI data section
3.0	June 2022	Added data extraction section; updated text RE: Project Director and Org. Representative attestations in Section 5