

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/>

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

Date:

Prior to completing the SPARCS Data Request Form, please read the following two documents. These documents contain guidance that will help speed up the review of your application.

1. [Data Governance Policy and Procedure Manual](#)
2. [Form Instructions](#)

Select File Type Requested (Choose one): Limited Identifiable

1. ORGANIZATION AND INDIVIDUAL REQUESTING THE USE OF DATA

A. PROJECT DIRECTOR

Please provide name, title, degrees/credentials, phone number, and email. You will need to submit a current CV/resume with your submission.

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 REQUESTER

Check all that apply:

- Article 28 Facility. Permanent Facility Identifier (PFI) and name:
- Non-profit organization. Tax-exempt ID # and name:
- NY State or local government agency, SUNY, CUNY. Name:
- Non-NY State or local government agency. Name:
- Private company/corporation
- Student researcher (Only if used for dissertation or research paper)
- 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. Select the claim types/setting and list the calendar year(s) being requested for each claim type/setting data file. For available years and definitions, please refer to the [SPARCS Data Request Form for Limited and Identifiable Data Files Instructions](#).

CLAIM TYPE	YEAR(S) REQUESTED
<input type="checkbox"/> Inpatient	
<input type="checkbox"/> Emergency Department	
<input type="checkbox"/> Ambulatory Surgery	
<input type="checkbox"/> Outpatient Services	

2. Extraction Criteria. Extraction Criteria should be used to limit the requested data files to only the subset of the SPARCS data needed for your project to accomplish its objectives. Select from the following available extraction criteria.

EXTRACTION CRITERIA TO LIMIT DATASET TO MINIMUM NECESSARY (IF APPLICABLE)

For example, if your research is focused on patients of child-bearing age, you could extract (or limit) the dataset to female patients aged 10 to 65. Or if you are only studying New York City residents, you could extract (or limit) the data to the five counties of New York City for Patient County of Residence or Hospital County.

- Age.** Include range:
- Gender/Sex.** Select: M F U
- Patient County of Residence.** Include Names of County(ies) or Federal Information Processing Standards (FIPS) code(s):
- Hospital County.** Include Names of County(ies):
- Hospital Permanent Facility Identifier (PFI).** Include PFIs:

3. Quarterly Data Updates. SPARCS provides new calendar year data annually in July. However, SPARCS can provide data quarterly for some requests. If you believe your project requires quarterly data updates, please provide a strong justification and include it within the Project Summary document outlined in item 3A below.

- No, I do not require Quarterly Updates.
- Yes, I am requesting Quarterly Updates (Justification has been provided for this in the Project Summary).

4. HIV/AIDS and Abortion Records (Identifiable only). HIV/AIDS records will only be approved for release if the IRB protocol for the project specifically describes the use of HIV/AIDS data in the proposed study. Abortion records will only be released if the request is accompanied by an approval letter from the New York State Commissioner of Health or their official designee.

Are you requesting HIV/AIDS records? Yes No

Are you requesting 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) Waiver of consent; or (3) Finding of exemption. **Please select the IRB material(s) you are submitting with this request.**

IRB Protocol (Copy of protocol submitted to IRB) (Required)

IRB Approved Patient Consent Instrument (As applicable)

IRB Determination Letter (Required)

Not applicable (Limited data request)

3. SUMMARY OF PROPOSAL

A. RESEARCH METHOD OR DATA ANALYSIS PLAN

All applications must include a separate document called a "Project Summary." The Project Summary should provide an overview of the proposed research. The Project Summary must contain the following sections clearly identified:

1. Abstract (Background, purpose, and/or contribution this analysis will provide)

2. Research questions and/or hypotheses

3. Population (Age/locations/cohort-size)

4. Data Management Plan

a. Make sure to include descriptions of any patient-level linkages to other data sets, or additions of different data sources (i.e., Census Data), or specialized data enhancements (e.g., geo-coding, clinical groupers).

b. **Note:** per the SPARCS individual and organizational Data Use Agreements, users are prohibited from attempting to identify or re-identify any individual patient using SPARCS data.

5. Research Method(s), Analysis Plan

6. Expected benefits or potential impacts of research to New York State or other stakeholders.

7. Additional Information (If applicable).

Please name the document **Project Summary** when submitting to SPARCS.

Check this box to confirm that you will submit a Project Summary document.

B. CELL SIZE

The Department has adopted [CMS' small cell size policy](#), which 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.

Check this box to confirm that you will comply with the SPARCS cell size policy.

C. LINKAGES

Will you be linking to patient-level data from any of the following stewards? If so, please indicate which, and submit a copy of your application and approval letter to link the data to SPARCS. **Note:** The SPARCS Program is responsible for working with both registry jurisdictions (New York City and Rest of State) to link SPARCS data to Vital Statistics data. If you request a cohort linkage, you will have to provide a finder file to the SPARCS program. Please request the instructions for the finder file when you submit your application to ensure you can create a compatible finder file. **Note:** Rest of State vital records registry does not release birth data; additionally, the New York City vital records registry does not release patient address.

NYC Death

Years:

Approval Letter Attached?

Yes

Pending

NYC Birth

Years:

Approval Letter Attached?

Yes

Pending

Rest of State Death

Years:

Approval Letter Attached?

Yes

Pending

NYS Cancer Registry

Years:

Approval Letter Attached?

Yes

Pending

NYS Cardiac Registry

Years:

Approval Letter Attached?

Yes

Pending

NYS Sepsis Clinical Data

Years:

Approval Letter Attached?

Yes

Pending

Personal Cohort

Years:

Approval Letter Attached?

Yes

Pending

N/A, I am the data steward or owner of this data

Will you be linking SPARCS data with other data sources not listed above?

No

Yes (If yes, please indicate which below)

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

BRIEF DESCRIPTION (include how you plan to join with SPARCS)			
DATA SOURCE NAME		SOURCE TYPE	DATA DICTIONARY
		<input type="checkbox"/> Own/Steward <input type="checkbox"/> Public <input type="checkbox"/> Purchased	<input type="checkbox"/> Attached <input type="checkbox"/> URL:
		<input type="checkbox"/> Own/Steward <input type="checkbox"/> Public <input type="checkbox"/> Purchased	<input type="checkbox"/> Attached <input type="checkbox"/> URL:
		<input type="checkbox"/> Own/Steward <input type="checkbox"/> Public <input type="checkbox"/> Purchased	<input type="checkbox"/> Attached <input type="checkbox"/> URL:

4. CONFIDENTIALITY OF DATA

If granted permission to use SPARCS data you must follow the security guidelines, individual data use agreement, organizational data use agreement, publication guidelines, and other SPARCS policies. By signing, you agree to all conditions in these documents.

Your organization must sign an Organizational Data Use Agreement and a Security Guidelines document on your behalf. Both documents can be found at: <http://www.health.ny.gov/statistics/sparcs/forms/>.

A. DATA STORAGE

Will the data be stored/hosted within your organization’s computing center (On-premises computing)? Yes No

Please indicate the contractor, cloud-storage entity, or other location(s) where the data will be stored or hosted.

Name of Organization or Cloud-storage Entity:

Note: Cloud-storage providers themselves (e.g., Amazon Web Services, Microsoft) do not have to sign Organizational Data Use Agreements or Security Guidelines. Your organization must attest that your organization’s cloud-storage contract has the security requirements listed in the Security Guidelines.

B. CONTRACTORS/ EXTERNAL PROJECT PARTNERS

If you are hosting/storing data with a contractor, or you have research project partners at different organizations and they will be hosting/storing/keep any data at their organization, these parties must submit an Organizational Data Use Agreement and Security Guidelines. If external research partners will be accessing data via a VPN to your organization (or cloud) and cannot save/keep any data at their organization, they do not need to sign Organizational Data Use Agreements or Security Guidelines.

C. DATA SECURITY

Describe in plain language how you as Project Director (PD) will keep the data safe, including safeguards you will use (i.e., password protection, etc.) or how you will ensure the SPARCS data is kept confidential during analytical processing (i.e., only those individuals with DUAs on file will have access, etc.). If additional space is needed, please add to the Project Summary detailed in 3A.

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.

Select this box to indicate agreement.

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

E. DATA USE AGREEMENT (DUA)

List each individual who will have access to the dataset(s), or data outputs that do not follow the small cell size policy, including the names of external academic project partners, or hired private sector/contractors. If you need additional space, please add the Names, Organizations, and Research Roles to the Additional Information section of Project Summary detailed in item 3A.

As your project progresses, if you need to add or remove users, please send an e-mail request (including the individual's signed DUA) to sparcs.requests@health.ny.gov.

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

NAME	ORGANIZATION	RESEARCH ROLE

F. RELEASE OF DATA

How do you intend to disseminate findings from your research?

Please indicate where you plan to disseminate findings and in what form (Papers, reports, news articles, peer-review journals, conferences, website, etc.):

Do you intend to re-release the dataset in total or subset?

No Yes, please indicate what you plan to re-release and to whom:

5. IDENTIFIABLE DATA ELEMENTS

Section 5 is required if you are requesting an identifiable data file. Do not fill this section in if you are requesting a limited data file. Skip to Section 6: Signatures.

The following Identifiable Data Element Categories are available to request. If you request an Identifiable Data Element Category, you must submit a justification about why the data elements within the category are necessary for your specific research questions or research project.

Please use the reference section below to understand what data elements are within each Identifiable Data Element Category. If approved for the Identifiable Data Element Category, you will receive all data elements in that category (even if you only need a couple).

Note: Identifiable and Limited Data Files will come with a calculated age variable, 5-digit ZIP code, and an Enhanced Encrypted Unique Personal Identifier. Therefore, the categories of Patient Date of Birth and Patient Address do not need to be requested in order to calculate a patient’s age or receive a patient’s 5-digit ZIP code. Requesting the use of the Unencrypted UPI version is highly sensitive and only released in certain circumstances. Please discuss with the SPARCS Program if you believe you require it.

IDENTIFIABLE DATA ELEMENT CATEGORIES	JUSTIFICATION
Dates	
Patient Date of Birth	
Patient Address	
Patient Record Numbers	
Patient Policy Numbers	
Unencrypted Unique Personal Identifier (UPI)	

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

DATES	DATE OF BIRTH	PATIENT ADDRESS	PATIENT RECORD NUMBERS	POLICY NUMBERS
<ul style="list-style-type: none"> • Admission Date • Discharge Date • Statement from Date • Statement Thru Date • Procedure Date • Data of Service • Occurrence Date • Occurrence Span from Date • Occurrence Span Thru Date 	<ul style="list-style-type: none"> • Patient Date of Birth 	<ul style="list-style-type: none"> • Patient Street Address Line 1 • Patient Street Address Line 2 • Patient ZIP Code Extension • Subscriber ZIP Code 	<ul style="list-style-type: none"> • Medical Record Number • Mother’s Medical Record Number (for newborn) • Patient Control Number • Previous Patient Control Number 	<ul style="list-style-type: none"> • Subscriber Group Number • Member Identification Number • Service Provider Employer Identification Number • Insurance Policy Number • Subscriber Group Number • Subscriber Group Name • Subscriber Member Identification Number

6. REQUESTER INFORMATION

A. PREVIOUS REQUESTS

Do you have prior approved SPARCS applications, and do you have in your possession SPARCS data?

No Yes, SPARCS Application(s), please include details below:

REQUEST NUMBER	SPARCS DATA YEARS IN POSSESSION (DENOTE IP & OP)
e.g., 21345873	e.g., IP 2010 – 2017 OP 2010 – 2017 (if there is an extraction, please add that)

Change Log

VERSION	DATE	UPDATES
1.0	April 2016	Initial publication.
2.0	November 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.
4.0	January 2024	Reformatted to clarify common form questions and areas of follow up.

7. SIGNATURES

A. 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.

Signature of Project Director:
(This person must approve all individual DUAs)

Printed Name: **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:

Printed Name:

Signature: **Title:**

B. 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.

Signature of Organizational Representative:
(Must be authorized to legally bind the organization)

Printed Name: **Title:**