City and County of San Francisco
London N. Breed, Mayor
San Francisco Department of Public Health
Greg Wagner, Acting Director of Health

San Francisco Department of Public Health
Office of Compliance and Privacy Affairs

San Francisco Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

DPH PATIENT DATA EXTERNAL SHARING REQUEST FORM

What is this form?

This form will help you determine if approval is needed before sharing data, and will guide you in obtaining that approval.

SFDPH wants to ensure that as an organization we are sharing patient data with our external partners...
- **Legally**: do we have the right to share the data?
- **Securely**: can we send the data safely from a technological perspective?
- **Appropriately**: are we sharing the minimum necessary amount of Protected Health Information (PHI)?

This form can be found online here: https://www.sfdph.org/dph/files/HIPAAdocs/PrivacyPolicies/DataRequestForm.docx
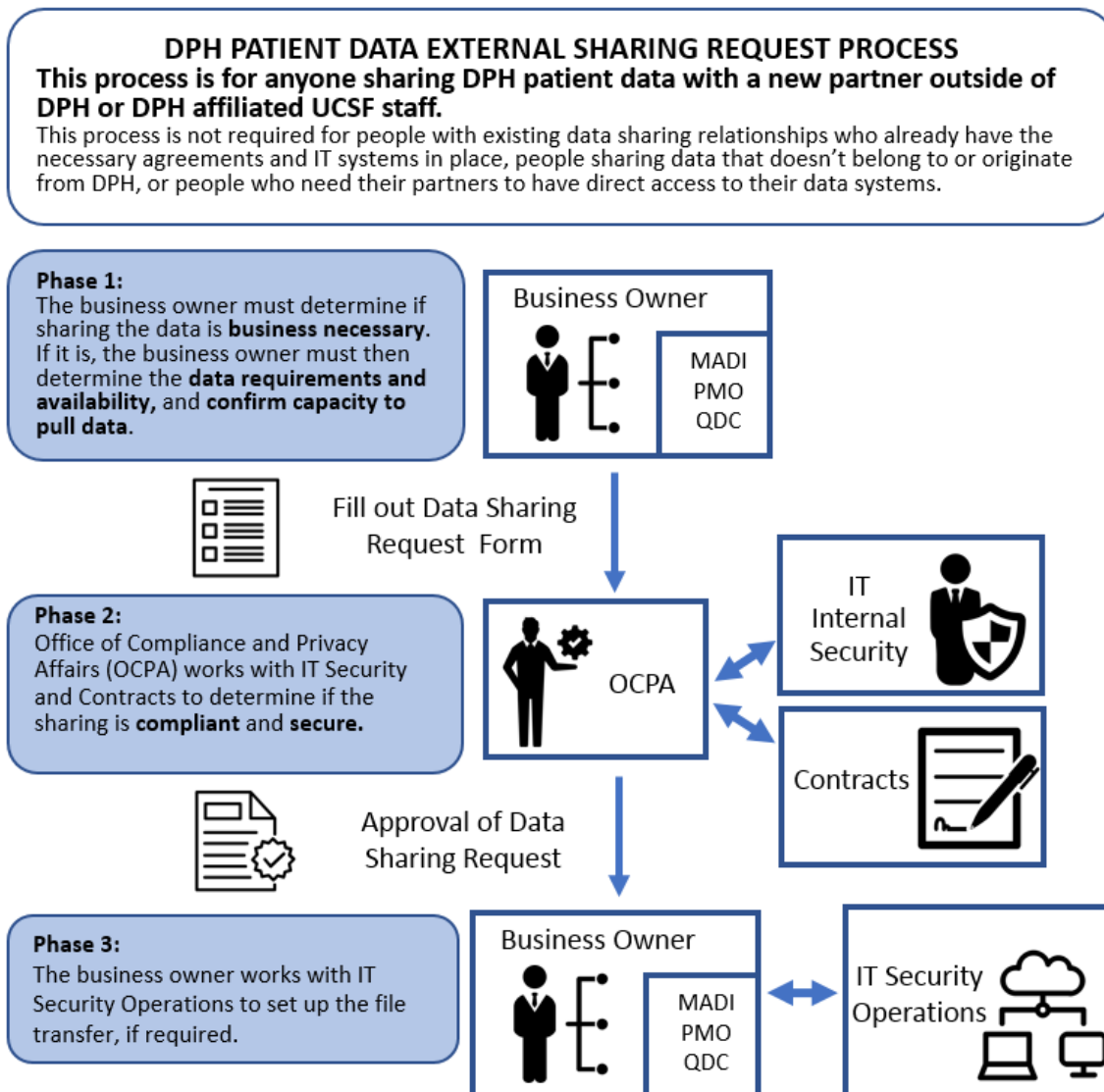
Who should use this form?

- **Anyone sharing DPH patient data with a new _external_ partner**, namely an individual or organization outside of DPH or DPH's affiliated UCSF partners, that hasn't received the data before**.** Existing data sharing arrangements can remain for now, but may be reviewed at a later date.
- **Anyone who needs to know which data sharing policies apply to their data sharing situation.** This form guides you through various data sharing scenarios, and provides links to the relevant Office of Compliance and Privacy Affairs (OCPA) guidelines here: https://www.sfdph.org/dph/comupg/oservices/medSvs/HIPAA/HIPAAPolicies.asp.
- **People who have already identified the data fields needed, and are able to pull the data.** If you need help identifying and pulling data, you may contact one of the data groups below. Priorities for data support requests may need to be set by the Office of Health Informatics (OHI).

Data Group	Contact them if...	Contact them at...
Metrics, Analytics and Data Integration (MADI) and Project Management Office (PMO)	You need financial data. You are not working at ZSFG campus.	dph.helpdesk@sfdph.org and note that you are making a MADI data request
ZSFG Quality Data Center (QDC)	You are working out of ZSFG or the campus clinics.	http://in-sfghweb02.in.sfdph.net/DataCenter/submit-a-data-request/

Things to remember

- Everyone at DPH who encounters data must take the Privacy and Compliance trainings annually: https://www.sfdph.org/dph/comupg/tools/PrivacyCompTrainingInstructions-02.16.17.pdf
- Protected Health Information (PHI) and confidential data need to be encrypted when sent outside the organization.
- If you want someone to have access into a DPH system, managers/supervisors must fill out the Computer Account Request Wizard User Log In page. DPH is currently only granting urgent requests for external access, as the process for provisioning is being revised. If you want an external party to have access to a system, contact OCPA at DataSharing@sfdph.org.
- If you want a colleague within DPH to have access to a Shared Drive, send a service request to dph.helpdesk@sfdph.org and request the ticket be assigned to the DPH Server Team.

High Level Process

DPH PATIENT DATA EXTERNAL SHARING REQUEST PROCESS
This process is for anyone sharing DPH patient data with a new partner outside of DPH or DPH affiliated UCSF staff.
This process is not required for people with existing data sharing relationships who already have the necessary agreements and IT systems in place, people sharing data that doesn't belong to or originate from DPH, or people who need their partners to have direct access to their data systems.

Phase 1:
The business owner must determine if sharing the data is **business necessary**. If it is, the business owner must then determine the **data requirements and availability,** and **confirm capacity to pull data.**

Business Owner
MADI PMO QDC

Fill out Data Sharing Request Form

Phase 2:
Office of Compliance and Privacy Affairs (OCPA) works with IT Security and Contracts to determine if the sharing is **compliant** and **secure.**

OCPA

IT Internal Security

Contracts

Approval of Data Sharing Request

Phase 3:
The business owner works with IT Security Operations to set up the file transfer, if required.

Business Owner
MADI PMO QDC

IT Security Operations

How do you use this form?

Answer the questions and follow the prompts throughout this form to identify your data sharing situation and the associated course of action.

- **Section 1: Determine if form completion is required.**
  A number of data sharing circumstances outlined in Section 1 do not require OCPA or IT Security approval. If these circumstances apply, you do not need to fill out or submit this form.
- **Section 2: Provide basic contact information.**
  Identify the contacts who are sending and receiving the data, and if the data is being sent for regulatory or financial purposes.
- **Section 3: Provide the business need and details regarding the data.**
  Fill out more detailed information about the request and submit the form for approval. Attach any supporting documentation that may assist OCPA in evaluating and processing the request.

Then e-mail the word document to OCPA at DataSharing@sfdph.org.

Section 1: Do I Need to Complete This Form and Obtain Approval?

Are you sharing data with colleagues within DPH or DPH affiliated UCSF staff?	Yes ☐ No ☐
Yes → okay to share. Includes working with MADI, PMO and QDC.	

Is this for a law enforcement or disciplinary investigation?	Yes ☐ No ☐
Yes → contact the Privacy Office at compliance.privacy@sfdph.org or (855) 729-6040 and read the Law Enforcement policy C11.0 or Disciplinary Investigations policy C4.0.	

Is this sharing approved by an Institutional Review Board (IRB)? (Research or Quality Improvement projects)	Yes ☐ No ☐
Yes, through UCSF IRB → Refer to Academic Research System (ARS) Yes, through DPH → Refer to Conduct of Research Policy E1.0.	

Is this for treatment of an individual patient by a treatment provider?	Yes ☐ No ☐
Yes → okay to share. See policy C3.0 for the definition of treatment and treatment providers. Questions? Contact the Privacy Office at compliance.privacy@sfdph.org or (855) 729-6040.	

Is this part of a mandated duty to report?	Yes ☐ No ☐
Yes → okay to share. Read policies C5.0 (client threat), C6.0 (child abuse and neglect), C7.0 (elder abuse), C8.0 (lapse of consciousness), C10.0 (abuse and assault). Questions? Contact the Privacy Office at compliance.privacy@sfdph.org or (855) 729-6040.	

Are you sending directly to a patient or their legal representative?	Yes ☐ No ☐
Yes → okay to share. If sending information electronically, read policies D1.2 and I15.0. Questions? Contact the Privacy Office at compliance.privacy@sfdph.org or (855) 729-6040.	

Is this part of a public records request?	Yes ☐ No ☐
Yes → Please contact the Public Information Officer at PublicRecords.dph@sfdph.org or (415) 554-2716. Read the Requests for Public Records & Subpoenas guidelines.	

If you answered <u>Yes</u> to any of the questions above, do not fill out or submit this form.
> If you need IT support to physically transfer your Special Circumstances data, fill out form Sections 2 and 3B. Send a service request to dph.helpdesk@sfdph.org, noting that you need technical assistance with sharing data from DPH IT Security Operations.
> **If you answered <u>No</u> to all the questions above, continue with the form**.

No IRB, but wondering if it's research?
Are you a care provider but want to share data regarding multiple patients?

You need to determine if your reason for sharing is for research or health care operations: see policy I3.0.

Key question: Will the data be used to inform a process in real time?   Yes ☐ No ☐
Yes → It should be considered health care operations related to quality improvement (QI). If sharing DPH data with an external partner, continue to fill out this form.
No → It should be considered research, see above.

Complete the following sections to the best of your ability and submit the completed form to the Office of Compliance and Privacy Affairs (OCPA) at DataSharing@sfdph.org.

Section 2: Contact Information

Date: _____

DPH Business Unit Making this Request:

Unit name:	Location:
Primary contact name:	Phone:
	E-mail:
Secondary contact name:	Phone:
	E-mail:

Associate Entity Receiving Data:

Entity name:	Location:
Primary contact name:	Phone:
	E-mail
Secondary contact name:	Phone:
	E-mail:

When do you need the data sharing to start? Date: _____

Will the data be submitted to a mandated reporting registry?	Yes ☐ No ☐

Will the data be required for regulatory compliance, patient safety or an audit?	Yes ☐ No ☐

Will the data be sent as part of routine financial processes?	Yes ☐ No ☐

Section 3: Supporting Information

Attach relevant agreements (scope of work, contract, MOU) or data documentation that you may have.

A) Business Requirements

Supervisor approving the project/data transfer:

Supervisor name:	Phone:
Supervisor title:	E-mail:

State business need for data transfer. Describe the nature and type of data being transferred.

How long is the data sharing needed for? _____

Indicate the type of external party receiving the data (choose all that apply):
Business Associate ☐   Covered Entity ☐   Vendor ☐   Consultant ☐   Non-contracted provider ☐
Unknown ☐   Other: _____

Is there an agreement in place with the external party?   Yes ☐   No ☐   Don't know ☐
If yes: MOU ☐   BAA ☐   Contract ☐   Purchase Order ☐   Other ☐ : _____
Attach agreement or provide details, if known (e.g. agreement number, date, agreement holder):

Does the data contain PHI or sensitive information (e.g. names, dates of service, locations, medical record number)?	Yes ☐ No ☐

Has the data been de-identified of PHI identifiers? Please see list of identifiers under the "Safe Harbor Method" De-identification Standard.	Yes ☐ No ☐

If yes, please indicate whether the data retains limited identifiers or is fully de-identified:

Limited ID PHI ☐	**De-Identified Health Information** ☐
No names	No Names
No telephone, Fax, Email.	No Account/Record Numbers*
	No telephone, Fax, Email.
	No geographic designations smaller than state*
	No dates (including birth or death), or age over 89*

*See the DPH Health Information Data Use Agreement for more information.

If yes, provide method of de-identification:

What is the number of records in the data set?   2-50 ☐   51-499 ☐   500+ ☐

Does the data request meet the minimum necessary standard?   Yes ☐   No ☐
You must make reasonable efforts to use or disclose only the minimum amount of PHI needed to accomplish the intended purpose of the use or disclosure. If unsure, check with your supervisor.

B) Technical Details

Mechanism for intended data transfer:
Managed File Transfer (MFT) ☐   e-mail ☐   upload to external party portal ☐   mail service or fax ☐
Don't know – I'd like IT advice ☐   Other ☐ : _____

> If e-mailing PHI data to a colleague, read memo I11.0.
> If you are considering using a cloud-based shared drive, read memo I5.0.
> If you are sending PHI by mail or fax, read policy D1.0.

Data transfer needs to be:
inbound ☐   outbound ☐   both ☐

Does data need to be encrypted end to end? PHI must always be encrypted.
yes ☐   no ☐   not sure ☐

How often will the data be transferred?
one time ☐   daily ☐   weekly ☐   monthly ☐   occasionally ☐

When will the data transfer stop? _____

What will be the approximate average file size? _____
What will be the approximate maximum file size? _____

Will the transfers be a manual process ☐   or automated ☐?   Not sure ☐

Will the transfers be scheduled ☐   or unscheduled ☐?   Not sure ☐
If scheduled, when will they be scheduled? _____

Once transferred, where will the data be stored? _____
Are backup and archival processes in place? _____

Execution – to be filled out by OCPA & IT Security

<u>Data</u>: Approved ☐
Notes:

<u>Data Security</u>: Approved ☐
Notes:

<u>Purpose</u>: Approved ☐
Notes:

Date approved: _____

Authorized until [*date*] via [*agreement number or regulation*].

Once Approved, send form back to the data sharing requestor.

If you need technical assistance setting up the data transfer, contact the Service Desk at dph.helpdesk@sfdph.org and note that you are requesting IT Security support in setting up a data transfer.

<u>Data transfer technical assistance</u>: Completed ☐
Notes:

Date technical assistance completed: _____

Once completed, send form back to the data sharing requestor.