FORM #

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

DHP 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.

SFDHP 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).

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

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.**
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?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you sharing data with colleagues within DPH or DPH affiliated UCSF staff?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes → okay to share. Includes working with MADI, PMO and QDC.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this for a law enforcement or disciplinary investigation?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes → contact the Privacy Office at <a href="mailto:compliance.privacy@sfdph.org">compliance.privacy@sfdph.org</a> or (855) 729-6040 and read the Law Enforcement policy C11.0 or Disciplinary Investigations policy C4.0.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this sharing approved by an Institutional Review Board (IRB)? (Research or Quality Improvement projects)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes, through UCSF IRB → Refer to Academic Research System (ARS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, through DPH → Refer to Conduct of Research Policy E1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this for treatment of an individual patient by a treatment provider?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes → okay to share. See policy C3.0 for the definition of treatment and treatment providers. Questions? Contact the Privacy Office at <a href="mailto:compliance.privacy@sfdph.org">compliance.privacy@sfdph.org</a> or (855) 729-6040.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this part of a mandated duty to report?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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 <a href="mailto:compliance.privacy@sfdph.org">compliance.privacy@sfdph.org</a> or (855) 729-6040.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you sending directly to a patient or their legal representative?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes → okay to share. If sending information electronically, read policies D1.2 and I15.0. Questions? Contact the Privacy Office at <a href="mailto:compliance.privacy@sfdph.org">compliance.privacy@sfdph.org</a> or (855) 729-6040.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this part of a public records request?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes → Please contact the Public Information Officer at <a href="mailto:PublicRecords.dph@sfdph.org">PublicRecords.dph@sfdph.org</a> or (415) 554-2716. Read the Requests for Public Records &amp; Subpoenas guidelines.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered Yes 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 No to all the questions above, continue with the form.

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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.

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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: ______________

<table>
<thead>
<tr>
<th>DPH Business Unit Making this Request:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit name:</td>
<td>Location:</td>
</tr>
<tr>
<td>Primary contact name:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>E-mail:</td>
</tr>
<tr>
<td>Secondary contact name:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>E-mail:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Associate Entity Receiving Data:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Entity name:</td>
<td>Location:</td>
</tr>
<tr>
<td>Primary contact name:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>E-mail</td>
</tr>
<tr>
<td>Secondary contact name:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>E-mail</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Will the data be submitted to a mandated reporting registry?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will the data be required for regulatory compliance, patient safety or an audit?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Will the data be sent as part of routine financial processes?</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Supervisor name:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervisor title:</th>
<th>E-mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)?

<table>
<thead>
<tr>
<th>Yes □  No □</th>
</tr>
</thead>
</table>

Has the data been de-identified of PHI identifiers?

Please see list of identifiers under the "Safe Harbor Method" De-identification Standard.

<table>
<thead>
<tr>
<th>Yes □  No □</th>
</tr>
</thead>
</table>

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 telephone, Fax, Email.

De-Identified Health Information □
No Names
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?

<table>
<thead>
<tr>
<th>2-50 □  51-499 □  500+ □</th>
</tr>
</thead>
</table>

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?
- Manual
- Automated
- Not sure

Will the transfers be scheduled or unscheduled?
- Scheduled
- 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? ___________________________
Data Sharing Request Form
V. 1.23.2019

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

 Execution – to be filled out by OCPA & IT Security

**Data:** Approved ☐
Notes:

**Data Security:** Approved ☐
Notes:

**Purpose:** 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.

**Data transfer technical assistance:** Completed ☐
Notes:

Date technical assistance completed: __________

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