**Critical Care Information System (CCIS) Data Request Form**

**(Not for Research)**

This form must be completed in full by any individual or organization requesting access to data from the Critical Care Information System (CCIS).

**Name of Requesting Organization:**

**Type of Organization:**

**Name of Requestor:**

**Requestor’s Role/Title:**

**Is Personal Health Information being Requested:** [ ]  Yes [ ]  No

**If PHI is Being Requested, List the Data Elements Required:**

**If No, What Aggregate or De-Identified Data/Reports are Requested?**

**What Purpose Will the Data Serve/ How Will it Be Used?**

**Has a Privacy Impact Assessment or Risk Analysis Been Completed on the Request?**

[ ]  Yes [ ]  No

**The Length of Time the Data Will be Used by the Requesting Organization:**

**Is the Request for an Extension on the Use of PHI Previously Provided to Your Organization by HHS/CritiCall Ontario?** [ ]  Yes [ ]  No

**Requestor’s Signature:**  **Date:**

Completed CCIS Data Request Forms (Not for Research) must be submitted to the CritiCall Ontario Privacy Lead. Submissions may be made by:

**Email to:**  Or **Regular mail to:** privacy@criticall.org Attention: Privacy Lead

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