

## **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).

**Note:** The CCIS Data elements can be located on the CriteCall Ontario website:

[https://admin.criticall.org/Criticall/media/Resources/P5-List-of-Data-Holdings-and-P7-Statements-of-Purpose-for-PHI-Data-Holdings-\(2022\).pdf](https://admin.criticall.org/Criticall/media/Resources/P5-List-of-Data-Holdings-and-P7-Statements-of-Purpose-for-PHI-Data-Holdings-(2022).pdf)

**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:**

**PHIPA authorities, restrictions for disclosure:**

**If Not PHI, What Aggregate or De-Identified Data/Reports are Requested?**

**Requestor will sign data sharing agreement setting out the terms and conditions of disclosure including that the requestor will not attempt to re-identify the data if applicable:**

Yes       No

**Time period data is being requested for. From      To**

**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

**Secure means of data transport:**

**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:**

[privacy@criticall.org](mailto:privacy@criticall.org)

Or

**Regular mail to:**

Attention: Privacy Lead  
CritiCall Ontario  
1725 Upper James Street  
Suite 200  
Hamilton, ON  
L9B IK7