| **Privacy Notice**  **Personal information collected by the Department of Health is handled in accordance with the *Information Privacy Act 2009*. The Department of Health is collecting the information on this Data Access Request Form to assist in determining if the data access request complies with the relevant technical, information privacy and security requirements and supports the Data Custodian(s) in authorising data access request. The personal information provided by you will be securely stored and only accessible by appropriately authorised officers of the Department of Health and Hospital and Health Services. Personal information recorded on this form will not be disclosed to other third parties without consent, unless the disclosure is authorised or required by, or under law. For information about how the Department of Health protects your personal information, or to learn about your right to access your own personal information, please see our website at** [**www.health.qld.gov.au**](http://www.health.qld.gov.au)**.**  AUSLAB Data Access Request Form |  |
| --- | --- |

Data access requests are to be made in compliance with the requirements of the legislation and policies that govern use and disclosure of personal and confidential information (*Information Privacy Act 2009*, and *Hospital and Health Boards Act 2011*).

You are required to complete this form if you are requesting access to state-wide data (data from more than one Hospital and Health Service (HHS) and/or impacts the Department of Health and Hospital and Health Services) held in AUSLAB. Completion of this form is part of the governance and decision-making process for data access requests. Information contained within this form assists in determining if the data access request complies with the relevant requirements and supports the Data Custodian(s) in authorising data access requests.

If you require assistance with completing this form, please contact [Pathology Queensland](mailto:pathqldclients@health.qld.gov.au).

More information on the procedure is contained in Pathology Queensland AUSLAB Data Request [QIS 36395](http://qis.health.qld.gov.au/DocumentManagement/Default.aspx?DocumentID=36395)

**Please complete all sections of this request form. Failure to complete this form correctly/omission of information will result in delayed processing of your request.**

Before submitting this form, ensure the following sections have been completed:

**🞏** Applicant Details – all details are provided, and form has been signed by the Applicant

**🞏** Reason for Request – all details are provided, and relevant approval documents are attached

**🞏** Technical Access Details – technical access requirements details are completed

**🞏** Delivery Details – delivery details are completed

**🞏** Privacy – Perform a PIA Threshold Assessment for External clients (non-QH) and attach. If required attach full Privacy Impact Assessment.

**🞏** Consultation – stakeholder details are completed

**🞏** Applicant Delegate Authorisation: - all details are provided, and form has been signed by the Applicant Delegate

**Do not proceed with this form for:**

Requests to access data held in enterprise supported applications managed by eHealth Queensland for implementation of a new application. These should be directed to [eHealthArchitecture@health.qld.gov.au](mailto:eHealthArchitecture@health.qld.gov.au).

Requests to access data for research applications under the *Public Health Act 2005*, [PHA Information and Application Form](https://www.health.qld.gov.au/ohmr/html/regu/aces_conf_hth_info). These should be directed to [PHA@health.qld.gov.au](mailto:PHA@health.qld.gov.au).

Requests to access data contained within data collections maintained by the Statistical Services Branch (SSB). These should be directed to [SSB Data Request and Enquiries](http://qheps.health.qld.gov.au/hsu/requests.htm).

Requests for information about privacy and confidentiality. These should be directed to the relevant HHS [Privacy and Confidentiality Contact Officer](https://www.health.qld.gov.au/system-governance/contact-us/access-info/privacy-contacts) or the Department of Health [Privacy and Right to Information Unit](mailto:RTI-Privacy@health.qld.gov.au).

Hospital and Health Service – Service Agreement [Schedule 4 Data Reporting Requirements](https://www.health.qld.gov.au/system-governance/health-system/managing/agreements-deeds).

|  |  |
| --- | --- |
| Requesting party - (contact person for this request) | |
| Name: |  |
| Position: |  |
| Organisation: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| Project Name:  (if applicable) |  |
| **By signing this document, I understand and acknowledge the terms of service set out at the end of this form.** | |
| Signed: |  |
| Date: |  |
| Information Governance | |
| Information Security Classification:  (In line with the [Queensland Government Information security classification framework](https://www.qgcio.qld.gov.au/documents/information-security-classification-framework-qgiscf)) |  |
| Relevant legislation:  (e.g., Information Privacy Act 2009, Hospital and Health Boards Act 2011 (HHB Act), Public Health Act 2005) |  |
| Reason for request | |
| Please identify the reason for your request: | [ ] Research Project (QH)  [ ] Quality Activity  [ ] Clinical  [ ] Audit/Monitoring/Evaluating Public Health Services  [ ] Research Project (external client)  [ ] Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Provide details regarding the **purpose** of your request and **intended use of the data** (e.g., state the objectives of your project / study / trial. How will the data contribute?) | |
| Please provide details of the intended audience: | |
| Title of Research Project/Study/Trial: | |
| Ethics Approval (HREC approval letter – research projects, or HREC Exemption Letter – exempt research and audit/QA activities)  PHA Approval (research projects – QH and external)  Data Custodian Approval (audit/QA activities)  (Please attach a copy of the approval) | [ ] Human Research Ethics Committee (HREC)  [ ] Medical Advisory Committee (MAC) approval  [ ] Public Health Act (PHA) Approval  [ ] [Data Custodian Checklist](http://qis.health.qld.gov.au/DocumentManagement/Default.aspx?DocumentID=35889)  [ ] Data Linkage [ ] Other  [ ] N/A |
|  |  |
| Technical Access Details - specify the details of the data you require | |
| When is the data required (date)? |  |
| Division: |  |
| Site/Health Care Facility: |  |
| Ward / Clinical Unit: |  |
| AUSLAB Clinical Unit identifier: |  |
| Specimen Type/ Site (list AUSLAB identifiers or AUSLAB mnemonic where possible): |  |
| Tests (list AUSLAB identifiers or AUSLAB mnemonic where possible): |  |
| Other (e.g., Age, sex, Postcode, Ethnicity): |  |
| Date Range:  Note - Please specify the minimum date range possible. Extended date ranges may result in delays, due to complexity |  |
| Delivery Details - specify HOW you would like to receive the data | |
| Data Point/s Required: (e.g., Lab number, Patient demographics, specific results)  Note – Please request the minimum data details required to meet your request. Detailed and identifiable requests may result in delays, due to task complexity and governance requirements |  |
| What frequency is the data required?  Note - Please specify the minimum frequency possible. Extended frequency may result in delays, due to complexity | One-off  Weekly  Fortnightly  Monthly  Other |
| Please provide justification for the frequency you have selected: |  |
| Preferred format of Report Delivery: | Excel  CSV  TXT  Other |
| Preferred method of transfer: how would you like to receive your data? | Outlook Email (QH internal requests only)  Encrypted email (External Clients) or Kiteworks (preferred for external requests)  Secure Web Transfer  Other |
| Privacy | |
| When managing personal information, Queensland Health must comply with the privacy principles (including the nine National Privacy Principles) contained in the [Information Privacy Act 2009](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014#sec.30)*.*  For any request for data to be supplied to external (non-QH) clients that will involve the handling of personal and/or confidential information, you MUST complete the [PIA Threshold Assessment](https://qheps.health.qld.gov.au/csd/business/records-and-information-management/privacy-rti/privacy/privacy-impact-assessment-pia) to determine whether it will be necessary to undertake the rest of the steps involved in a [Privacy Impact Assessment](https://qheps.health.qld.gov.au/csd/business/records-and-information-management/privacy-rti/privacy/privacy-impact-assessment-pia) (PIA). These documents must be attached to your submission, to proceed.  Generally, the Project Sponsor/Executive Officer is responsible for deciding whether a PIA is required and endorsing and approving the PIA document. Often, the responsible business area or project manager is best placed for conducting the PIA process.  Each HHS may need to complete their own PIA process in relation to any privacy and confidentiality compliance requirements relevant to their local business practices, procedures and implementation of any proposed new project.  Every HHS has a contact point for enquiries about privacy and confidentiality. For guidance ask the [Privacy and Confidentiality Contact Officer](https://www.health.qld.gov.au/system-governance/contact-us/access-info/privacy-contacts/default.asp) within your HHS or contact the [Privacy and Right to Information Unit](mailto:RTI-Privacy@health.qld.gov.au) in the Department of Health. | |
| Stakeholders – list stakeholders that have been consulted as part of the data access request and a brief outcome of the consultation, including those who may be affected by the release of information or data. | |
|  | |
| Terms of Service | |
| * The data obtained will be strictly used as provided in the content of this Data Access Request Form and in accordance with relevant legislation and policies that govern use and disclosure of personal and confidential information. I affirm responsibility for custodianship of the data received. For Queensland Health staff, roles and responsibilities for Data Custodians are as per the [‘Data and application custodianship roles and responsibilities’](https://qheps.health.qld.gov.au/__data/assets/pdf_file/0028/1826641/custodianship-roles.pdf). * HHSs who obtain an account/interface to source application(s) (relevant feeder system(s)) must acknowledge Pathology Queensland cannot be held accountable for any adverse local application (system) or service impact which may be experienced as a result of a dependency on the source application (relevant feeder system). This is an important consideration for local business process changes. * The source application (relevant feeder system) will provide notification for all scheduled and unscheduled outages and proposed upgrades as per current process (email notification). * It is the responsibility of the HHS/Application contact person to provide updated information when there are changes to nominated HHS/Application support contact(s). * Identified risks to Enterprise and Local applications, workflow processes and business areas as a result of a delay in the source application(s) (relevant feeder system(s)) interfaces or an unexpected outage to the source application (relevant feeder system) will need to be adequately managed by the Application/Business area with appropriate Business Continuity Plan(s). * Access may be suspended if it is deemed to have an adverse impact on performance of the source application (relevant feeder system) and/or any existing interfaces to the source application(s) (relevant feeder system(s)). The suspension will continue until such time as the cause can be identified and rectified, which may require investigation with your developer or vendor at your expense. | |
|  | |
| Applicant Delegate Authorisation | |
| Name: |  |
| Position: |  |
| Organisation: |  |
| Address: |  |
| Signed: |  |
| Date: |  |
| **I affirm that the data obtained will be strictly used as provided in the Data Access Request Form and in accordance with relevant legislation and policies that govern use and disclosure of personal and confidential information. I affirm responsibility for custodianship of the data received.** | |

**Return the completed form to Pathology Queensland via** [**email**](mailto:pathqldclients@health.qld.gov.au)**:** [pathqldclients@health.qld.gov.au](mailto:pathqldclients@health.qld.gov.au)