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|  | Delaware Health and Social Services **Supplemental Application to the Division of Public Health Privacy Board for Protected Data** |

# Part A: Instructions

***Purpose of the Supplemental Application***

All research involving [Delaware Health and Social Services (DHSS)](http://www.dhss.delaware.gov/dhss/index.html) clients must be approved by the [DHSS Human Subjects Review Board (HSRB)](http://www.dhss.delaware.gov/dhss/dms/epqc/hsrbservice.html). Approval is required regardless of the funding source of the research. It is also required regardless of whether clients are involved directly in the research or whether the research involves the use of DHSS client data. All researchers must submit an HSRB application and receive approval from the HSRB prior to initiating the research.

Researchers who are requesting protected data from the DHSS Division of Public Health (DPH) must **submit the HSRB application AND this supplemental application** to the DPH Privacy Board for review and approval prior to submission to the HSRB.

Researchers who are performing research with clients and/or data from other DHSS divisions **DO NOT** need to complete this supplemental application.

***Submission and Review Processes for the Supplemental Application***

* Complete the [HSRB application](http://dhss.delaware.gov/dhss/dms/epqc/files/hsrb_application.docx) and sign where indicated. Instructions are included with the application.
* Complete this Supplemental Application and sign where indicated.
* Submit the completed HSRB Application **AND** the Supplemental Application via email to the DPH Privacy Board for review. Applications should be sent to [DHSS\_DPH\_DataRequest@state.de.us](mailto:DHSS_DPH_DataRequest@state.de.us).
* Upon approval, the DPH Privacy Board will forward all application materials to the Director of DPH for signature then to the HSRB for review.

***Miscellaneous Notes Regarding the Supplemental Application***

* Narrative sections of the supplemental application form are expandable to allow for as much text as is needed.
* The HSRB meets at the end of every month. Application materials (HSRB Application and DPH Supplemental Application) must be received by the DPH Privacy Board by the 15th of the month to be reviewed by the HSRB the following month.
* Questions regarding the DPH Privacy Board and the Supplemental Application can be directed to Jennifer Miles at [jennifer.miles@delaware.gov](mailto:jennifer.miles@delaware.gov).

**Part B: General Information**

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| **I. Principal Investigator and Project Information** | |
| Project Director: | Date: |
| Title: | |
| Email Address: | |
| Title of Project: | |

**Part C: Data Request**

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| **II. Records or Identifiable Data Requested** |
| 1. Source of data requested (specify DPH program): |
| 1. Scope of data:   Delaware resident data  Delaware occurrence data (includes Delaware resident and non-resident data) |
| 1. File format requested (note that not all formats are available for every program):   Comma delimited  Tab delimited  ☐ Excel  ☐ SPSS  ☐ SAS |
| 1. Describe the cohort of records requested. Specify the variables (e.g., years, ages, geographic locations, etc.): |

***If records will be selected based on matching criteria that you provide, please complete Section III (Data Matching) below. If not, skip to Part D (Signatures).***

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| **III. Data Matching** |
| 1. What are the specific data items to be matched? |
| 1. What is the source of these data items? |
| 1. Describe the manner in which you will provide the data to be matched. How will it be sent and in what format? |

**Part D: Signatures**

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| **Applicant** | |
| Principal Investigator’s Signature: | Date: |
| Principal Investigator’s Name: | |

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| **DPH Privacy Board Chairperson** | |
| My signature below attests to my approval of this project based on my understanding of the proposed research activities, including the protections that will be put into place to safeguard the rights of the research subjects. | |
| Division Director’s Signature: | Date: |
| Division Director’s Name | |