

**NEW MEXICO**

**DEPARTMENT OF**

**HEALTH**

**EPIDEMIOLOGY AND RESPONSE  
DIVISION  
EMS BUREAU – TRAUMA PROGRAM**

**STATE TRAUMA  
REGISTRY  
DATA SHARING POLICY**

**August 2006**

# EMS BUREAU – TRAUMA PROGRAM DATA SHARING POLICY

## INTRODUCTION

The New Mexico Department of Health (NMDOH) –Trauma Registry is committed to improving the health of New Mexicans by sharing trauma registry data and contributing to the policy setting, program planning and performance measures of the Department of Health and other trauma program partners. We believe trauma registry data plays a crucial role in injury surveillance and reporting of public health status and conditions related to trauma. Our role also includes sharing trauma data with health program managers, epidemiologists, and researchers for the purpose of improving the health of New Mexicans.

The mission of the NMDOH - TRAUMA REGISTRY regarding quality, usefulness, and use of Trauma Registry data is in alignment with the guiding principles related to data sharing within the Department.

The NMDOH - TRAUMA PROGRAM Trauma Registry Data Sharing Policy has been developed based on all of the above referenced information and has been approved by the State Trauma Registrar and the Statewide Trauma Registry Workgroup (who contribute all data to the state registry) enlisted to advise the NMDOH - Trauma Registry and State Trauma Program regarding trauma data.

## **DATA SHARING REQUEST FORMS AND CONDITIONS**

**In order to simplify and clarify data requests from the NMDOH-Trauma Registry, the following data request forms and requirements are available.**

- 1. Aggregate data – A simple data request form will be required for requestors needing summary data.**
- 2. DOH EPI Data files - Epidemiologists in the Epidemiology and Response and the Public Health Divisions will be provided with trauma data files with which to assist the state trauma registrar with analysis and reporting. The list of data elements in these files will accompany the data files. A Statement of Agreement with the Confidentiality Requirements signed by the assisting Epidemiologist and his/her supervisor is required for sharing of these data files at least annually. These Epidemiologists should annually send a signed copy of the Statement of Agreement with the Confidentiality Requirements when accessing the DOH EPI data files.**
- 3. Special Data Requests – The form and confidentiality requirements for a Special Data Request is included. This form should be used by all research requestors who need “record level” data, as well as, Department of Health epidemiologists who need data elements not contained in the DOH EPI Data Files. Any requestor who is requesting to link trauma registry data files with other databases MUST submit a Special Data Request and recognize that the linkage must occur within DOH. A Statement of Agreement with the Confidentiality Requirements signed by the requestor and their supervisor is required for Sharing of a Special Trauma Registry data file.**

**NMDOH - TRAUMA REGISTRY - Trauma Registry  
DATA REQUEST FORM FOR  
AGGREGATE LEVEL DATA**

Please complete the following items:

<b>Name of requestor/contact person</b>	
<b>Agency/Dept/Div/Program</b>	
<b>Phone number</b>	
<b>E-mail address</b>	
<b>Mailing address</b>	
<b>Approval of NMDOH - Program Chief/District Director (for DOH employees only)</b>	
<b>Date of request</b>	
<b>Date needed</b>	
<b>Data time frame : years/months</b>	<b>Years:                      Months:</b>
<b>Aggregate data request: Please specify the data elements requested, i.e. counties; cause of injury ICD 9 codes; outcomes; ISS; ages; gender; etc.</b>	
<b>Reason/Purpose of Request. A Description of what will be done with the data.</b>	
<b>Additional Comments:</b>	

If you are unsure what items are available from the trauma registry files, you may request documentation from the State Trauma Registrar - NMDOH - TRAUMA REGISTRY. Trauma data may be complex and we urge you to consult with the State Trauma Registrar concerning the appropriate use of the data. If the data elements you are requesting include personal identifiers, or a combination of data elements that might make identification possible, you will be asked to complete a Special Request Data Form. DOH employees need their Chief or District Director's approval on this form.

*After completion, please save this form and attach it in an E-mail to:*  
[pat.haysmoore@state.nm.us](mailto:pat.haysmoore@state.nm.us)

*You may also send it to "Trauma Registry Data Requests" at fax number: 505-476-8201, or the mailing address below:*

***NMDOH - TRAUMA REGISTRY  
New Mexico Department of Health  
1301 Siler Road, Building F  
Santa Fe, NM 87507***

***Staff of the NMDOH - TRAUMA REGISTRY will respond within two weeks of receipt.***

## DOH EPI DATA FILE

DOH Epidemiologists may access this data file annually. A Statement of Agreement with the Confidentiality Requirements signed by the Epidemiologist and his/her supervisor is required prior to Sharing of these data files.

*Note: New Mexico trauma data are confidential. New Mexico is not an open record state. Due to the low population density of the state, identifiable information encompasses more than name, social security number, and street address.*

### The DOH EPI Data Files

The State Trauma Registrar will develop data files with defined data elements for the purposes of analysis and reporting in collaboration with DOH Epidemiologists. The list of these data elements will be included with the data files on each such database creation.

Requirements for the DOH EPI Data File are:

- Statement of Agreement with the Confidentiality Requirements signed by the Epidemiologist and their supervisor are required for prior to the Sharing of the DOH EPI data files.
- Supervisors approving the data file request are responsible for ensuring that data file security is maintained, and that the data files are returned to the State Trauma Registrar if the Epidemiologist leaves his/her position.
- All reports, presentations, or information utilizing this data file must be submitted for review and approval by the State Trauma Registrar prior to Sharing. The State Trauma Registrar will have no less than two weeks for review from date of receipt.
- Please cite the State Trauma Registry as the source of this data on all presentations, publications, etc... A co-author and/or acknowledgement of the state Trauma Registrar is required.
- Sharing of the DOH EPI Data File with unauthorized persons **IS NOT PERMITTED.**
- Violation of any of these conditions, or the conditions outlined in the DOH EPI Statement of Agreement with the Confidentiality Requirements, may result in denial of future access to trauma registry data files.

**NMDOH - TRAUMA REGISTRY STATE TRAUMA REGISTRY  
DOH EPI DATA FILES ACCESS  
STATEMENT OF AGREEMENT WITH  
CONFIDENTIALY REQUIREMENTS**

**I, the undersigned, agree to abide by the regulations and confidentiality requirements prescribed in this Statement of Agreement to protect the confidentiality of the trauma registry data provided.**

**I understand that statute and regulations prohibit identifying individuals in the trauma registry or sharing confidential information obtained from the trauma registry with any unauthorized individual or entity. I further understand that statute and regulations prohibit using the information in any way so as to violate the confidentiality of any unique events identified in the data.**

**As this is confidential data, I agree to take all possible reasonable security measures to maintain the data's confidentiality, to insure its limited access, and to comply with the conditions of its use and destruction.**

**Should inadvertent discovery of the identity of any individual occur:**

- a. I, the undersigned, will make no use of this knowledge.**
- b. I will advise the State Trauma Registrar.**
- c. I will inform no other individual of the discovery identity.**

**CONDITIONS AND REQUIREMENTS:**

**The conditions and requirements in this document have been approved by the State Registrar and the Statewide Trauma Registry Workgroup (who contribute all source data).**

**I agree to abide by all the conditions and requirements set forth in this Statement of Agreement with the Confidentiality Requirements regarding the use of the DOH EPI data files as outlined below.**

- 1. DOH Epidemiologists and their supervisors must sign this Agreement with the Confidentiality Requirements annually prior to sharing of the DOH EPI data files.**
- 2. DOH Epidemiologists who have signed the Statement of Agreement with the Confidentiality Requirements are the only persons authorized to use the DOH EPI data files.**
- 3. All original data provided and worksheets on any media must be protected by security measures. It is the responsibility of the supervisor approving the annual DOH EPI data files Sharing to ensure that data file security is maintained, and that the files are returned to the State Trauma Registrar when the approved Epidemiologist leaves his/her position.**

4. Data files and information with Trauma Registry Data records remain subject to the Trauma Registry Confidentiality Requirements and HIPPA requirements of data contributing hospitals. No publications or shared worksheets will have identifying information, individual record information, or such low cell frequencies as to create inadvertent disclosure of unique events. The Division's guidelines on the "use of small numbers" must be followed.
5. Sharing of the DOH EPI data files with unauthorized persons is not permitted.
6. All reports, presentations, or information utilizing this data file must be submitted for review and approval by the State Trauma Registrar prior to Sharing, who will have no less than two weeks for review from date of receipt.
7. Presentations, articles written for publication or any and all other public uses of any of this data must cite the source as the NMDOH - TRAUMA REGISTRY and provide co-authorship and/or acknowledgement of the State Trauma Registrar.
8. Any breach of the terms of this Statement of Agreement with the Confidentiality Requirements may result in immediate return of the DOH EPI data files and/or denial of sharing of future DOH EPI data files.

I, the undersigned, have read and understand the above items and agree to engage only in lawful access of the Trauma Registry data and to preserve the confidentiality of the records. I will remain within the scope of the project as authorized. I recognize that violation of provisions of the Policy and Agreement is illegal and may result in penalties as prescribed by law.

Type/Print Name	
Signature	
Date	
Supervisor's Name & Title – print	
Supervisor's Signature	
Date	
State Trauma Registrar	
Signature	
Date	

**NMDOH - TRAUMA REGISTRY**  
**Special Data Request Requirements**

*Note to requestors: New Mexico trauma data are confidential. New Mexico is not an open record state. Due to the low population density of the state, identifiable information encompasses more than name, social security number, and street address.*

1. Please provide a thorough description of your research study or public health surveillance project. The study or project description must include:
  - a. Title and purpose.
  - b. Research study – a description of the research design, hypotheses, and statistical method.
  - c. Public health surveillance project (*DOH staff only*) – describe the planned public health surveillance efforts and the prevention/intervention programs that may be impacted. Describe planned methods for analyzing the data.
  - d. List how, where, and if possible, when the data will be reported or presented.
  - e. All reports and presentations utilizing this data file must be discussed and pre-approved by the State Trauma Registrar prior to sharing. Violation of this condition may result in rejection of future special data requests.
  - f. Please cite the source of this data as follows:  
*"Trauma Data obtained from the NMDOH - TRAUMA REGISTRY.*
  - g. Specific data elements - Please include an explanation of why each data element is needed, with a detailed justification for individually identifiable items and geographic locations at or below the county level. If you are requesting a data file of trauma with specific data elements that may contain personal identifiers, we require that you limit the data elements in your request to only what you need. DOH Epidemiologists who have requested and received the annual DOH EPI data files do not need to justify the data elements already contained in these files.
  - h. Trauma Registry data may be complex, and if you are unsure what items are available from the state trauma registry, we encourage you to consult with State Trauma Registry staff.
  - i. Estimated date of completion of project/study. For public health surveillance projects, please note if the project will be ongoing.

- 2. On a case-by-case basis, the NMDOH - TRAUMA REGISTRY may require a Memorandum or Letter of Agreement with the agency or organization making this request.**
- 3. Linkages of trauma data files to other data files will be performed by, or at, the NMDOH –Trauma Registry.**
- 4. Statements of Agreement with the Confidentiality Requirements, signed by the requestor and his/her supervisor, are required for every person that will have access to the file.**
- 5. Supervisor/CEO authorization is required for all Special Data Requests.**
- 6. Data file(s) must be destroyed or returned to the State Trauma Registrar within six months of completing your research study or public health project. Supervisors approving the data file request are responsible for ensuring that the data file security is maintained and that the data file is returned to the State Trauma Registrar if the requestor has completed the study/project or leaves their position.**
- 7. No secondary use or data sharing is permitted. For each research study, even if you use data that you have received in the past, a new request must be submitted.**
- 8. For research studies or public health surveillance projects continuing over several years, signed Statements of Agreement with the Confidentiality Requirements must be updated annually.**

## Special Data Request Form for Trauma Registry Data

Project Title	
Name of requestor	
Title	
Organization/Agency/Dept/Div/ NMDOH - TRAUMA REGISTRY/Program	
Mailing address	
Phone	
E-mail address	
Date of request	
Date needed	
Type of file and data years	<input type="checkbox"/> Birth <input type="checkbox"/> Death    Years
Research study/public health surveillance project description and purpose - refer to the requirements pages for information needed.	
Describe the physical environment where the file(s) will be maintained and the security measures covering access and destruction of the data.	
Estimated date of study/project completion	
Describe any data linkage that would be involved in the project, and provide the names of the database(s) with which the data would be linked and other salient details (i.e. format, etc.)	
<i>Approval of Bureau Chief/District Director or Agency/Organization Supervisor</i>	<b>Name:</b> <b>Title:</b> <b>Signature:</b> <b>Date:</b>

*After completion, please save this form and attach it in an E-mail to:*

[pat.haysmoore@state.nm.us](mailto:pat.haysmoore@state.nm.us)

*You may also send it to "Trauma Registry Data Requests" at fax number: 505-476-8201, or the mailing address below:*

***NMDOH - TRAUMA REGISTRY  
New Mexico Department of Health  
1301 Siler Road, Building F  
Santa Fe, NM 87507***

***Staff of the NMDOH - TRAUMA REGISTRY will respond within two weeks of receipt.***

**A Statement of Agreement with the Confidentiality Requirements Form, signed by the requestor and his/her supervisor, is required before the Special Request data file is shared. DOH employees must route their special data file request through their NMDOH - TRAUMA REGISTRY Chiefs or District Directors.**

## NMDOH - TRAUMA REGISTRY

### SPECIAL DATA REQUEST STATEMENT OF AGREEMENT WITH CONFIDENTIALY REQUIREMENTS

I, the undersigned, agree to abide by the regulations and confidentiality requirements prescribed in this Statement of Agreement to protect the confidentiality of the Trauma Registry data provided.

I understand that statute and regulations prohibit identifying individuals in the trauma registry, sharing confidential information obtained from the trauma registry with any unauthorized individual or entity, or using the data for purposes or under conditions other than those approved. I further understand that statute and regulations prohibit using the information in any way to violate the confidentiality of the unique events identified in the data.

As this is confidential data, I agree to take all possible reasonable security measures to maintain the data's confidentiality, to insure its limited access, and to comply with the conditions of its use and destruction.

Should inadvertent discovery of the identity of any individual or establishment occur:

- d. I, the undersigned, will make no use of this knowledge.
- e. I will advise State Trauma Registrar.
- f. I will destroy the information that would identify an individual or establishment as directed by the State Trauma Registrar.
- g. I will inform no other individual of the discovery identity.

#### CONDITIONS AND REQUIREMENTS:

The conditions and requirements in this document have been approved by the State Trauma Registrar and the Statewide Trauma Registry Workgroup (who contribute all source data).

Because trauma data records are confidential only under the most restricted and guarded circumstances and data releases are strictly evaluated within the scope of public benefit to the citizens of New Mexico. Data for administrative, research or public health surveillance purposes may be furnished to other agencies at the discretion of and subject to conditions set by the State Trauma Registrar of the Department of Health.

I agree to abide by all the conditions and requirements set forth in this Statement of Agreement regarding the use of this data as outlined below.

1. The data file(s) are shared with the requestor or recipient, strictly for the purpose(s) identified on the request form. This purpose may not be changed or altered in any way except by written agreement signed by the parties listed above.
2. Any breach of the confidentiality, data security, and data sharing terms of this request may result in immediate termination of the approval to use the data files, immediate return of the data files and may jeopardize Sharing of future data files.
3. No other use of the data is authorized and authorization is limited to the scope of the approved research study or public health project.
4. Persons identified through the submission, and approval of, signed statements of confidentiality are the only persons authorized to use the data files provided or individual record information from the data.
5. All original data provided, individual record data on work files, and worksheets on any media must be protected by security measures and be destroyed in a manner appropriate for confidential material.
6. The data must be destroyed at the time the study/project is completed unless a time extension is requested and granted for this project. A letter or E-mail should be sent to the State Trauma Registrar that states when the data file was destroyed.
7. Requests for conducting additional research studies or public health surveillance projects from this same data file may be submitted to the State Trauma Registrar for approval. Approval of such research studies or public health surveillance projects may result in an extension of the expiration date of the file.
8. It is the responsibility of the supervisor approving the data file request to ensure that the data file security is maintained and that the file is returned to the State Trauma Registrar if the requestor has completed the study/project or leaves their position.
9. Termination of the research study or public health surveillance project for acquiring the data does not release the requestor from the confidentiality and data security requirements of this agreement.
10. Data files and information with Trauma Registry data records remain subject to this Trauma Registry Policy/Agreement and the HIPPA requirements of submitting hospitals. No publications or shared worksheets will have identifying information, individual record

information, or such low cell frequencies as to create inadvertent disclosure of unique events.

11. Release of trauma data must adhere to the Epidemiology and Response Division's policy on the "use of small numbers."
12. No data on an individual or identifiable case should be derivable through subtraction or other calculation from combination of tables.
13. No data resulting from these analyses should permit disclosure when used in combination with other known data.
14. No secondary Sharing or release of the Trauma Registry data is permitted.
15. A request to link Trauma Registry data files with any other data files must be thoroughly described on the Special Data Request Form, and will be conducted by the State Trauma Registry staff at the NMDOH.
16. A Signed Statement of Agreement with the Confidentiality Requirements are required from every individual and their supervisor who works within or for the project and who will have access to this data file, any work files, or worksheets with identifying or individual record information.
17. No information from this study/project may be used to compare one hospital, medical facility, medical unit, or physician against any other. No publication or presentation will be made which allows for identification of specific hospitals, other medical facilities, or medical units.
18. No information from this study/project may be used to compare one funeral facility against another. No publication or presentation will be made which allows for identification of specific funeral facility.
19. The requestor will consult with the State Trauma Registrar in the planning and preparation stages and obtain pre-approval before utilizing the data and statistical analyses for all reports, presentations, program performance measures and any and all other uses of the statistics derived from the data files.
20. Before presentation or publication, the analyses, text, graphs, and tables will be submitted for review and approval by the State Trauma Registrar who will have two weeks for review from date of receipt.
21. Presentations, articles written for publication or any and all other public uses of any of this data must acknowledge the NMDOH - TRAUMA

**REGISTRY as the source of the data. The state trauma Registrar will have right of co-authorship and/or acknowledgement**

**I, the undersigned, have read and understand the above items and agree to engage only in lawful access of the Trauma Registry data and to preserve the confidentiality of the records. I will remain within the scope of the project as authorized. I recognize that violation of provisions of the Trauma Registry Data Sharing Policy is illegal and may result in penalties as prescribed by law.**

<b>Type/Print Name</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Supervisor/CEO's Name &amp; Title – print</b>	
<b>Supervisor's or CEO's Signature</b>	
<b>Date</b>	
<b>State Trauma Registrar</b>	
<b>Signature</b>	
<b>Date</b>	

To be completed by NMDOH – State Trauma Registrar:

Receipt date of completed request	
Assigned to	
Can requested data be provided?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> partly <input type="text"/>
If not able to provide, what are the reasons why?	<input type="checkbox"/> Data not available <input type="checkbox"/> Lack of DP time, staff time, or budget <input type="checkbox"/> Sharing would violate statute, regulation or other <input type="checkbox"/> Priority decision <input type="checkbox"/> Time frame too short <input type="checkbox"/> Other <input type="text"/>
Estimated completion date	
Final Completion Date	
Estimated cost	Staff time to complete: <input type="text"/> hours x <input type="text"/> rate = <input type="text"/> Computer time <input type="text"/> Materials cost (disk, CD-Rom, software, other) <input type="text"/> Other <input type="text"/> Total <input type="text"/>
Final cost	Staff time to complete: <input type="text"/> hours x <input type="text"/> rate = <input type="text"/> Computer time <input type="text"/> Materials cost (disk, CD-Rom, software, other) <input type="text"/> Other <input type="text"/> Total <input type="text"/>
Payment method	<input type="checkbox"/> No charge <input type="text"/> <input type="checkbox"/> DPO <input type="text"/> <input type="checkbox"/> DOH cost center charge <input type="text"/> <input type="checkbox"/> Check <input type="text"/> <input type="checkbox"/> Exchange <input type="text"/>