



State of California  
Department of Health Care Services



## ANNUAL RENEWAL APPLICATION TO USE PROTECTED DHCS DATA FOR RESEARCH

This application is to be utilized to request continue use of confidential and protected data provided by the Department of Health Care Services (DHCS) for research purposes for an additional year. **In addition to this application, requestors must also submit:**

- A completed Data Description Table in Excel version (only if you are requesting new data)
- A copy of filled DUA in word version (see below for detailed instruction)
- A copy of the up-to-date Committee for the Protection of Human Subjects (CPHS) renewal approval

I. Project Title:

Data Use Agreement Number:

Name of DHCS database utilized in this project:

II. Name and contact information for Principal Investigator (PI)

a. Name (Last, First):

b. Title:

c. Institution:

d. Address:

e. E-mail:

f. Phone #:

g. Fax #:

Name and contact information for other contact person (if applicable)

h. Name (Last, First):

i. Title:

j. Institution:

k. Address:

l. E-mail:

m. Phone #:

III. Institution Conducting Research (*Note: DHCS, under section 1798.24 (t)(1) of the California Civil Code, can only grant data requests for Principal Investigators conducting scientific research for the University of California or for a non-profit educational institution*)

Please check one:  University of California  Non-profit Educational Institution

Institution Name:

Address:

Phone #:

If you are not representing a credentialed college or university, please explain how education is a major component of your institution's mission and how the proposed research will be used in an educational endeavor.

**IV. Please describe the purpose, goals and objectives of the project. Be sure to describe the background for the project and the potential importance of the findings.**

V. Date analysis began:

**VI. Explain why you need to work with the data for an additional year:**

VII. Have there been any difficulties or unanticipated problems experienced during the research?

Yes  No

If yes, please provide a description of details:

VIII. Are you requesting any changes to your protocol, including use of additional years of data?

Yes  No

If yes, please specify and justify revisions and address whether the revisions change the risk level:

IX. Have there been any breaches of data security since you have acquired the DHCS data (such as loss of data)?

Yes  No

If yes, please provide a description of details:

X. Have there been any changes in your security system? This includes changes with both physical and electronic security.

Yes  No

If yes, please provide a description of details:

XI. Have there been any changes with the Principal Investigator or any other personnel in the project since acquiring the DHCS data?

Yes  No

If yes, please provide a description of details:

XII. **Methodology.** Please describe the statistical methods that have been used in the data analysis (if changed):

XIII. Funding Sources (If changed, please specify all sources of funding for the specified project. Attach additional sheets if necessary)

Please check:  County  State Government  Federal Government  Private Funds  
 Non-Profit  Other

Institution Name:

Address:

Phone #:

XIV. Interim Findings – Provide a summary statement of interim findings and other relevant information.

XV. Have any results of the research been published? (I.e. journal article, monograph or report, conference presentation, etc.)

Yes  No

If yes, please provide a citation and a copy:

*Please note that if a project is approved by the DRC that the project title, principal investigator's name and contact information will be posted on the DRC website. Furthermore, if your findings are published in any reports or scientific writings as a result of research using the DHCS data it is expected that you will provide the DRC with the appropriate citation as well as copies of the publications within 30 days. The citations will be posted on the DHCS DRC website.*

XVI. Have you already or will you present your research findings at an upcoming meeting?

Yes  No

Please provide an electronic copy of the presentation slides, findings, and any other presentation materials.

As a part of accessing and maintaining DHCS data, DHCS requests for you to provide a formal presentation of your findings to DHCS staff. Potential presentation dates will be forwarded to you as a part of the annual renewal process.

XVII. Data requests are reviewed by DHCS program staff. If you have contacted DHCS program staff in relation to this research project, please provide the following contact information for the individual:

Name:

Telephone number:

E-mail Address:

**ⓀVIII. Data Use Agreement (DUA).** Starting in 2018, signatures on DUAs are collected via DocuSign. Wet ink signatures are no longer required, but still accepted; however, signed and scanned copies are NOT valid for DUA. Please only fill in the grey areas on the word version of the DUA located on the DRC website and do not sign or initial the word version of the DUA if you prefer DocuSign. Once the DRC Renewal Application is approved, the individuals listed on the submitted DUA will be contacted by DHCS requesting their electronic signature.

Application Checklist:

- A signed and scanned copy of this application;
- A completed Data Description Table in Excel version (only if requesting new data, including additional years);
- A filled out word version of the Data Use Agreement;
- A copy of the up-to-date Committee for the Protection of Human Subjects (CPHS) approval.

Application materials can be submitted electronically to [DHCSDRRC@dhcs.ca.gov](mailto:DHCSDRRC@dhcs.ca.gov). Signed hard copy of DUA can be mailed to the following address:

Department of Health Care Services  
Information Management Division, MS 0021  
P.O. Box 997413  
Sacramento, CA 95899-7413

Please Note: Prior to the release of any new DHCS protected data, a copy of the approval letter for the change from the Committee for the Protection of Human Subjects (CPHS) of the California Health and Human Services (CHHS) Agency must be submitted to the address above. The CPHS website is: [www.oshpd.ca.gov/boards/cphs](http://www.oshpd.ca.gov/boards/cphs)

**Signature of Principal Investigator:** \_\_\_\_\_

**Printed Name (Last, First):**

**Date:**

**Signature of the Responsible Official at your institution:** \_\_\_\_\_

**Printed Name of Responsible Official at your institution (Last, First):**

**Title:**

**Institution Name:**

**Phone #:**

**E-mail:**