STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4988 1-800-852-3345 Ext. 4988
Fax: 603-271-7623 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

APPLICATION FOR ACCESS TO CONFIDENTIAL VITAL RECORDS DATA

FOR HEALTH RELATED RESEARCH

New Hampshire Vital Records birth and death certificate data are available for health related research purposes only by application to, and approval of the Vital Records Privacy Board for Health Related Research (Privacy Board) under a process governed by state statute RSA 126:24-d, Disclosure of Information from Vital Records and the federal Health Insurance Portability and Accountability Act.

This *Application* for *Access to Vital Records Data for Health Related Research* form provides the information the Privacy Board requires to make a decision about whether or not to grant the request for data. The Privacy Board will consider your request only upon receipt of a completed application. *Any areas of this application left blank without explanation will delay the review of this request, so please take the time to review your completed application carefully. Please provide responses to the questions in the application in this document only.* In addition, you will be required to read and sign a Data Sharing Agreement (DSA) upon approval of your data request. Please reference accompanying document.

The approval process generally takes approximately four to eight weeks from the time a completed application is received by the Privacy Board. The Privacy Board meets monthly to review requests. Applicants will be notified of the status of a request after the Privacy Board's monthly meeting.

Prior to receipt of data, applicants will be notified of any fees that may be required to be paid in order to receive the requested data.

If the Privacy Board ascertains that part or all of a request can be accomplished through receipt of aggregate data, public use data sets, or creation of proxy variables, it reserves the right to deny the request and redirect the applicant to the appropriate agency to obtain the information required.

The Privacy Board reserves the right to independently validate anything contained in this application and may at its discretion contact any Institutional Review Board that has purview over the research project for which data is requested.

Please send completed application materials to the following address:

Vital Records Privacy Board for Health Related Research
Bureau of Public Health Statistics and Informatics
Division of Public Health Services
Department of Health and Human Services
29 Hazen Drive
Concord, NH 03301-6504

For questions, please do not hesitate to contact us vital.rec.data@dhhs.nh.gov.

This form, as well as the Renewal and Termination Request forms are available online at: https://www.dhhs.nh.gov/about-dhhs/advisory-organizations/vital-records-privacy-board-health-related-research.

Part I: Request for Data With Personal Identification Information

All information provided in these sections and in the separate data element forms is required. This information will serve as criteria for the Privacy Board's decision regarding release of confidential data.

Section A: Individual and Organization Requestor Information

Contact Person's Name and Title (name of person who will receive the data):
Organization:
Address:
Telephone Number:
Fax Number:
E-mail Address:
Principal Investigator or Overall Responsible Party's Name and Title:
Principal Investigator or Overall Responsible Party's Telephone Number:
Application Date:

Section B: Summary of Research Study Protocol or Project Activities:

Please submit a copy of your research/study/project protocol. Use as much space as you need below to answer the questions. If you are not using this electronic document, attach a separate document with numbered answers.

1. **Title of study or project:**

2. **Purpose of the study or project.** What is the hypothesis? How will this study benefit New Hampshire residents and/or contribute to general knowledge?

3. **Requestor and Principal Investigator's qualifications and affiliation** *(briefly describe and attach resumes)*

4. **Personnel.** Please describe all research and other staff who will have access to the confidential data. These include personnel, subcontractors, and affiliated agencies.

5. **Source of funds.** Please describe the source(s) and duration of all funding for the study (including in-kind contributions). Identification should include the name, address, and a contact number for the agency directly responsible for the funding, as well as identifying links to any umbrella organization.

6. **Study background and design.** Please address the following points. Please note, an attached protocol shall not serve as a replacement for providing answers to the questions below:

   - What are the specific aims of your project? Specifically state the goal(s) of the research. This should be as focused and detailed as possible.

   - Based on the study goal(s) and design of the information to be collected, provide an outline of the study, intended start and completion dates, and sampling or data collection methodology.

   - Describe the study's case definition (demographics, medical criteria, geographic location, and other appropriate descriptions).

   - Describe the method of data analysis and software programs you anticipate using.

   - If you intend to link data to other databases, resulting in the determination of additional individuals' identifying data being added, please describe the process and provide IRB approval to conduct this research (indicating procedures for gaining consent) with or without these individuals' consent. Include any copies of informed consent forms.

7. **IRB approval.** If applicable, please include the current documentation of the Institutional Review Board approval for the study. The IRB of record shall be in compliance with the requirements of the U.S. Department of Health and Human Services Code of Federal Regulations for Protection of Human Subjects (45 CFR 46). If not applicable, please state below.

8. **Datasets requested.** Please check all requested datasets and the time period you require for your project.

Dataset Requested	***Years Required for Project***
☐ Vital Records (Death)	
☐ Vital Records (Birth)	

Note: if your study anticipates requesting records into the future, please indicate final year that will be requested.

9. **Records requested.** Will a specific list of records being requested be sent to the Privacy Board or will the selection of records be based on a set of criteria?

   You **shall** also refer to and complete a variable/element list form **(Appendix A**) for each dataset requested; the variable list forms require justification for all confidential data elements requested.

10. **Estimated number of records.** What is the estimated number of records/files you are requesting (if known)?

11. **Data will be provided in a password-protected encrypted file that will be uploaded to a secure site on the DHHS server. Please indicate how you would like to receive the data (check only one box):**

✓ ***File Format***	
☐ MS Access	☐ Fixed Length Text File
☐ MS Excel	☐ Delimited Text File

12. **Contact with human subjects.** Will the study or project activities involve contact with any persons identified *within* the requested data records? Please explain the need for and the nature of the expected contact.

13. **Data management and security.** Please describe, in detail, the methods used to store the confidential data and how confidentiality of the data will be maintained.

Please review the accompanying Data Use Agreement. You will be asked to sign this document once your data request has been approved. By signing the DUA, you agree to the terms and conditions related to using protected health information for health related research purposes and any other terms the Vital Records Privacy Board for Health Related Research (Privacy Board) imposes as part of release of the data.

I have reviewed the request form. All statements made in the request form are true, complete, and correct to the best of my knowledge, and I agree to abide by the aforementioned stipulations.

Name of person requesting data:	Name of overall responsible party / principal investigator:
Title:	Title:
Organization:	Organization:
Signature: Date:	Signature: Date:

Data Set Element Selection and Justification

Please see Attachments for:

Vital Records Data – Appendix A

APPENDIX A

Vital Records Death Certificate Data Set Element Selection

Under New Hampshire law RSA 5-C:9, access to and release of most Vital Records information is restricted. For the purposes of health-related research, only the minimum necessary records and data elements will be released. Elements below with 'Need:' indicated in the third column must have a justification of why the data element is necessary for the research project or they will not be released. In the same column also supply any filtering of data records (e.g., certain causes of death) or pre-grouping of information (e.g., age groups).

Note: some unrestricted information is available to the public at the website https://nhvrinweb.sos.nh.gov maintained by the Division of Vital Records Administration.

Check to Request Element	Data Element	Where Indicated by "Need", Provide Justification. Also supply any filtering or grouping for the element.
☐	State File Number	Need:
☐	Decedent Name	Need:
☐	Decedent Sex	Need:
☐	Decedent SSN	Need:
☐	Decedent Age	Need:
☐	Decedent Armed Forces Flag	Need:
☐	Decedent Birth Date	Need:
☐	Decedent Birth City	Need:
☐	Decedent Birth State	Need:
☐	Decedent Death Date	Need:
☐	Decedent Death Location Geography	Need:
☐	Decedent Death Place	Need:
☐	Decedent Death Site in Hospital	Need:
☐	Decedent Death Site Other	Need:
☐	Decedent Marital Status	Need:
☐	Spouse Name	Need:
☐	Decedent Occupation	Need:
☐	Decedent Industry	Need:
☐	Decedent Industry Type	Need:
☐	Decedent Employer	Need:
☐	Decedent Residence by Census Block	Need:
☐	Decedent Residence by Census Tract *Census tract information may be limited	Need:
☐	Decedent Residence by Longitude / Latitude (Information may be limited)	Need:
☐	Decedent Residence Address Street	Need:
☐	Decedent Residence Address City	Need:
☐	Decedent Residence Address County	Need:
☐	Decedent Residence Address State	Need:
☐	Decedent Residence Address Zip code	Need:
☐	Decedent Race	Need:
☐	Decedent Ancestry	Need:
☐	Decedent Hispanic Ethnicity	Need:
☐	Decedent Education	Need:
☐	Father's Name	Need:
☐	Mother's Name	Need:

Check to Request Element	Data Element	Where Indicated by "Need", Provide Justification. Also supply any filtering or grouping for the element.
☐	Informants Name	Need:
☐	Informants Address	Need:
☐	Method of Disposition	Need:
☐	Place of Disposition	Need:
☐	Disposition City & State	Need:
☐	Disposition Date	Need:
☐	Funeral Director Name	Need:
☐	Funeral Director License Number	Need:
☐	Funeral Home Name	Need:
☐	Pronouncer's Official Capacity	Need:
☐	Pronouncer's Name	Need:
☐	Pronouncer's License Number	Need:
☐	Pronouncer's Signature Date	Need:
☐	Pronounced Time of Death	Need:
☐	Pronouncer's Date of Death	Need:
☐	Referral to Medical Examiner Flag	Need:
☐	Cause of Death Text Literals	Need:
☐	Autopsy Performed Flag	Need:
☐	Autopsy Findings Available Flag	Need:
☐	Manner of Death	Need:
☐	Date of Injury	Need:
☐	Time of Injury	Need:
☐	Injury at Work Flag	Need:
☐	Description of Injury	Need:
☐	Place of Injury Code	Need:
☐	Geographic Location of Injury	Need:
☐	Certifier's Official Capacity	Need:
☐	Certifier's Name	Need:
☐	Certifier's License Number	Need:
☐	Certifier's Signature Date	Need:
☐	Certifier's Address	Need:
☐	Underlying Cause of Death Code	*Note: If applicable, please specify ICD codes required using ICD9 for 1998 and earlier and ICD10 for 1999 and later*
☐	Birth Certificate File Number (Infants Only)	Need:
☐	Multiple Cause of Death Codes 1 – 15	*Note, if applicable, please specify ICD codes required using ICD9 for 1998 and earlier and ICD10 for 1999 and later*
☐	Certifiers Opinion on Tobacco Use as Contributor to Death	Need:
☐	Transportation Injury Code	Need:
☐	Decedent Pregnancy Flag	Need:

Vital Records Birth Certificate Data Set Element Selection

Under New Hampshire law RSA 5-C:9, access to and release of most Vital Records information is restricted. For the purposes of health-related research, only the minimum necessary records and data elements will be released. Elements below with 'Need:' indicated in the third column must have a justification of why the data element is necessary for the research project or they will not be released. In the same column also supply any filtering of data records (e.g., presence of a risk factor) or pre-grouping of information (e.g., age groups).

Note: some unrestricted information is available to the public at the website https://nhvrinweb.sos.nh.gov maintained by the Division of Vital Records Administration.

Check to Request Element	Data Element	Where Indicated by "Need", Provide Justification. Also supply any filtering or grouping for the element.
☐	State File Number	Need:
☐	Child Name	Need:
☐	Child Sex	Need:
☐	City of Birth	Need:
☐	State of Birth	Need:
☐	Type of Place of Birth	Need:
☐	Date of Birth	Need:
☐	Time of Birth	Need:
☐	Specific Facility/Address of Birth	Need:
☐	Child's Medical Record Number	Need:
☐	Birth Attendant Title	Need:
☐	Birth Attendant Address	Need:
☐	Birth Attendant Name	Need:
☐	Certifier Name	Need:
☐	Certifier Title	Need:
☐	Date Certifier Signed	Need:
☐	Mother's Medical Record Number	Need:
☐	Mother's Name	Need:
☐	Mother's Maiden Name	Need:
☐	Mother's Date of Birth	Need:
☐	Mother's Age	Need:
☐	Mother's State of Birth	Need:
☐	Mother's Residence by Census Block	Need:
☐	Mother's Residence by Census Tract *Census tract information may be limited	Need:
☐	Mother's Residence by Longitude / Latitude (Information may be limited)	Need:
☐	Mother's Residence Street Address	Need:
☐	Mother's Residence City	Need:
☐	Mother's Residence County	Need:
☐	Mother's Residence State	Need:
☐	Mother's Residence Zip code	Need:
☐	Mother's Marital Status	Need:

Check to Request Element	Data Element	Where Indicated by "Need", Provide Justification. Also supply any filtering or grouping for the element.
☐	Mother's Race	Need:
☐	Mother's Ancestry	Need:
☐	Mother's Hispanic Ethnicity	Need:
☐	Mother's Occupation	Need:
☐	Mother's Industry	Need:
☐	Mother's SSN	Need:
☐	Mother's Education	Need:
☐	Father's Name	Need:
☐	Father's Date of Birth	Need:
☐	Father's Age	Need:
☐	Father's State of Birth	Need:
☐	Father's Race	Need:
☐	Father's Ancestry	Need:
☐	Father's Hispanic Ethnicity	Need:
☐	Father's Occupation	Need:
☐	Father's Industry	Need:
☐	Father's SSN	Need:
☐	Father's Education	Need:
☐	Method of Payment for Delivery	Need:
☐	Number of Live Births Now Living	Need:
☐	Number of Live Births Now Dead	Need:
☐	Number of Previous Terminations	Need:
☐	Date Last Live Birth	Need:
☐	Date Last Termination	Need:
☐	Date Last Normal Menses	Need:
☐	Clinical Estimate of Gestation in Weeks	Need:
☐	Number of Prenatal Visits	Need:
☐	Child Birth Weight	Need:
☐	Birth Plurality	Need:
☐	Birth Order	Need:
☐	APGAR Score at Five Minutes	Need:
☐	Mother Transferred Prior to Birth	Need:
☐	Hospital Mother Transferred From	Need:
☐	Mother Transferred After to Birth	Need:
☐	Hospital Mother Transferred To	Need:
☐	Child Transferred After to Birth	Need:
☐	Hospital Child Transferred To	Need:
☐	Child Live at Time of Report	Need:
☐	Medical Risk Factors	Need:
☐	Tobacco Use	Need:

Check to Request Element	Data Element	Where Indicated by "Need", Provide Justification. Also supply any filtering or grouping for the element.
☐	Avg # of Cigarettes Smoked/Day 3rd Trimester	Need:
☐	Obstetric Procedures	Need:
☐	Complications of Labor and Delivery	Need:
☐	Method of Delivery	Need:
☐	Abnormal Conditions of the Newborn	Need:
☐	Congenital Anomalies of the Newborn	Need:
☐	Number of Previous Cesarean Deliveries	Need:
☐	Infant Being Breast Fed	Need:
☐	Years Mother Lived in Residence	Need:
☐	Mother's Pre-pregnancy Weight	Need:
☐	Mother's Weight at Delivery	Need:
☐	Mother Received WIC	Need:
☐	Mother's Height	Need:
☐	Avg # of Cigarettes Smoked/Day 3 Months Before Pregnancy	Need:
☐	Avg # of Cigarettes Smoked/Day 1st Trimester	Need:
☐	Avg # of Cigarettes Smoked/Day 2nd Trimester	Need:
☐	Avg # of Cigarette Packs Smoked/Day 3rd Trimester	Need:
☐	Avg # of Cigarette Packs Smoked/Day 3 Months Before Pregnancy	Need:
☐	NB Avg # of Cigarette Packs Smoked/Day 1st Trimester	Need:
☐	Avg # of Cigarette Packs Smoked/Day 2nd Trimester	Need:
☐	Date First Prenatal Visit	Need:
☐	Date Last Prenatal Visit	Need:
☐	APGAR Score at Ten Minutes	Need:
☐	Onset of Labor	Need:
☐	Infections Present	Need:
☐	Characteristics of Labor/Delivery	Need: