

## Appendix 1: Instructions for Obtaining Secure IBIS-PH Access: Public Health Professionals

### Instructions for Obtaining Secure IBIS-PH Access: Public Health Professionals

The Utah Environmental Public Health Tracking Program (Utah Tracking Program) is an activity within the Utah Department of Health that makes data available from health outcome registries, biomonitoring registries, environmental monitoring information systems, and environmental hazards databases in a data warehouse. The Utah Tracking Program serves as a custodian of the data which is owned by several agencies and programs. The data owners retain the role of data owners/stewards for data stored within the Utah Environmental Public Health Tracking Network (Utah Tracking Network) data warehouse.

Work-related surveillance using data in Utah's Secure Indicator Based Information System for Public Health (Secure IBIS-PH) requires approval from the data owner(s) through the Utah Tracking Program's Scientific Review Board (SRB). The instructions below pertain to work-related access to Secure IBIS-PH for public health professionals. (Please see separate instructions contained in the *Third Party Application for Access to Secure IBIS-PH for Research Projects* for more information about obtaining SRB approval for specific research projects.)

All research that will involve human subjects requires review by an Institutional Review Board (IRB), as per Title 45 Code of Federal Regulations Part 46 (<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm#46.101>). If your research will involve human subjects, you must receive IRB approval before commencing research. IRB approval must be obtained from all institutions participating in your research in any way. The participatory functions of institutions may include sponsoring, collaborating, playing an advisory role, providing data and other resources, or any other involvement not listed here. If the research requires an IRB approval, that approval will have to be obtained separately from the SRB approval. The SRB does not substitute for an IRB.

To apply for approval to access and use Utah Tracking Network data on Secure IBIS-PH or in any other way, please complete the steps that follow. All individuals who need to directly log into the Secure IBIS-PH or otherwise directly handle secure data must complete a separate application.

- 1. Secure IBIS-PH Access Request.** Completely fill out the Secure IBIS-PH Access Request, including which data query modules or datasets you need to access (specifying the geographic region), reasons why accessing this information is related to your work, and time frame (up to one year, with annual renewals upon verification that your public health responsibilities continue to warrant access to the data).
- 2. Secure IBIS-PH Access Agreement Form.** Review the Secure IBIS-PH Access Agreement Form, and attach a signed and dated copy to the Secure IBIS-PH Access Request. All program personnel with whom public health professionals need to discuss the data or who may perform an administrative function must complete and submit a separate signed Secure IBIS-PH Access Agreement Form, even if they do not need to directly access or handle Utah Tracking Network data.

## **Appendix 1: Instructions for Obtaining Secure IBIS-PH Access: Public Health Professionals**

Completed applications with all of the above items attached should be submitted to the Environmental Epidemiology Program at the Utah Department of Health in BOTH of the following formats:

- one original, signed, paper copy.
- one electronic copy as a PDF.

Completed applications should be submitted to:

Environmental Epidemiology Program  
ATTN: Utah Tracking Program Scientific Review Board  
Utah Department of Health  
P.O. Box 142104  
Salt Lake City, Utah 84114-2104  
Fax: (801) 538-6564

AND

EEP@utah.gov

The Environmental Epidemiology Program will coordinate the SRB review process. The SRB will review complete applications and approve and/or provide feedback on the application within two weeks of submission. After the SRB has approved your request, the Utah Tracking Program will provide specific instructions on accessing the data you requested.

**Appendix 2. Secure IBIS-PH Access Request: Public Health Professionals**

**Secure IBIS-PH Access Request: Public Health Professionals**

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Department: \_\_\_\_\_

Date Access is Needed: \_\_\_\_\_ Duration Access is Needed: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Employee I.D. Number: \_\_\_\_\_

Mailing Address (work): Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please indicate which **data topic(s)**, within your scope of work, you will need to access on the secure portal. **If you need to access data topics at different geographic areas (e.g., if your work-related activities required you to access mortality data at a state level, but to access birth defect data only for certain local health districts), please attach a detailed explanation of the specific geographic areas needed for each data topic requested.**

- |                        |                          |                                      |                          |
|------------------------|--------------------------|--------------------------------------|--------------------------|
| <b>Cancer Registry</b> | <input type="checkbox"/> | <b>Blood Lead Levels</b>             | <input type="checkbox"/> |
| <b>Mortality</b>       | <input type="checkbox"/> | <b>Inpatient Hospital Discharges</b> | <input type="checkbox"/> |
| <b>Births</b>          | <input type="checkbox"/> | <b>Emergency Department Visits</b>   | <input type="checkbox"/> |
| <b>Birth Defects</b>   | <input type="checkbox"/> | <b>Air Monitoring Data</b>           | <input type="checkbox"/> |
|                        |                          | <b>Drinking Water Sample Data</b>    | <input type="checkbox"/> |

Please indicate which **geographic area(s)**, within your scope of work, that you will need to access on the secure portal:

**State of Utah (all Local Health Districts)**

**Specific Local Health District(s):**

- |                          |                          |                       |                          |
|--------------------------|--------------------------|-----------------------|--------------------------|
| <b>Bear River</b>        | <input type="checkbox"/> | <b>Summit County</b>  | <input type="checkbox"/> |
| <b>Central Utah</b>      | <input type="checkbox"/> | <b>Tooele County</b>  | <input type="checkbox"/> |
| <b>Davis County</b>      | <input type="checkbox"/> | <b>TriCounty</b>      | <input type="checkbox"/> |
| <b>Salt Lake County</b>  | <input type="checkbox"/> | <b>Utah County</b>    | <input type="checkbox"/> |
| <b>Southeastern Utah</b> | <input type="checkbox"/> | <b>Wasatch County</b> | <input type="checkbox"/> |
| <b>Southwestern Utah</b> | <input type="checkbox"/> | <b>Weber County</b>   | <input type="checkbox"/> |

**Please attach (on a separate sheet) a short explanation of why you need access to Secure IBIS-PH. This explanation should include, but is not limited to:**

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- (1) the specific details of which geographic areas you need to access for each data topic;
- (2) your intended use(s) of the specific secure portal dataset(s) in the specific geographic areas (checked above), including any protocols or work plans;
- (3) how the secure portal will help you fulfill your responsibilities or duties;
- (4) what tasks or activities the secure portal will help you and/or your organization/department accomplish;
- (5) reasons why publicly available data does not meet your needs;
- (6) intended use(s) of your analyses; and
- (7) procedures for data security.

**Program Members**

**Please list all public health professionals that will have access to any form of the Secure-IBIS data and their role in the use of the data. (Attach additional sheets if necessary.)**

**All individuals who need to directly log into the Secure IBIS-PH site must complete a separate application. There may be other program personnel, however, with whom you need to discuss the data or who may have an administrative function. Although these program members are not required to submit a Secure IBIS-PH Access Request, they must complete and sign a separate Secure IBIS-PH Access Agreement Form (Appendix 3).**

**Program Member (Name)      Position Title      Role in access to Secure-IBIS-PH data**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Appendix 2. Secure IBIS-PH Access Request: Public Health Professionals**

*(This section to be completed by the Data Owner(s) and Utah Tracking Program)*

Data Owner Signature and Comments		
<hr/>		
Query Module	Signature	
Access Approved <input type="checkbox"/>	Access Denied <input type="checkbox"/>	Need Additional Information <input type="checkbox"/>
Comments:		

*(Each data owner will be provided a separate copy to sign and provide comments.)*

Data Owner Signature and Comments		
<hr/>		
Query Module	Signature	
Access Approved <input type="checkbox"/>	Access Denied <input type="checkbox"/>	Need Additional Information <input type="checkbox"/>
Comments:		

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Data Owner Signature and Comments

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Query Module \_\_\_\_\_ Signature \_\_\_\_\_

Access Approved  Access Denied  Need Additional Information

Comments:

Your application has been reviewed and approved.

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Utah Tracking Program Manager \_\_\_\_\_ Date approved \_\_\_\_\_

### Appendix 3: Secure IBIS-PH Access Agreement Form: Public Health Professionals

#### Secure IBIS-PH Access Agreement Form: Public Health Professionals

*This agreement must be completed by all personnel who will have access to Utah Tracking Network data in any form and in any phase of data access.*

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

By initialing the following boxes and signing this agreement form, you (the public health professional named above) agree to comply with the following stipulations and assurances supporting application for access Utah Tracking Network data through Secure IBIS-PH or in any other form (to include all manipulations, tabulations, aggregations, summarizations, and verbal communication generated from the data).

Please initial each box.

I have read and shall comply with the Utah Tracking Program's consent policies. (Refer to the *Third Party Application for Access to IBIS-PH for Public Health Professionals*).

I will comply with all data use stipulations provided in writing by the data owner(s) as part of the approval of this application for access to data.

I will provide the SRB with draft and final copies of public presentations (defined as any published paper, abstract, brief, report, letter, poster, speech, article, or other presentation that discloses data or information about the data, the data owner, or the Utah Tracking Network that is made available to the public (including organizational peers) through peer-reviewed or un-reviewed journals, magazines, newsletters, professional or public conferences, public or organizational meetings, or other forums or events to which persons not associated with the public health professionals (i.e., any individual who has not submitted a Secure IBIS-PH Access Agreement Form and received SRB approval) could be in attendance or have access) as described with the SRB authorization to access the data. The data owner(s) will have opportunity to comment on or approve these materials prior to any publications or presentations.

I will provide the SRB with copies of public presentation materials for approval 30 days before the publication or submission for publication (even if submission will not immediately result in publication).

I will comply with all state and federal laws, as well as department and program statutes, rules, policies, use restrictions, and requirements regarding security, management, use, and disclosure, particularly those that protect the privacy of individuals and research subjects. I understand that violation of any local, state, or federal laws may subject me to criminal or civil prosecution or other penalties.

### Appendix 3: Secure IBIS-PH Access Agreement Form: Public Health Professionals

- I will use Secure IBIS-PH, and any other form of Utah Tracking Network data, only for the work-related activities outlined in the Secure IBIS-PH Access Request and approved by the SRB.
- I will make no use of the data for research or work-related objectives, analyses, or other uses not described in the approved Secure IBIS-PH Access Request without prior written authorization from the data owner(s). Use of the data for specific research projects requires the submission of a separate application and research proposal to be reviewed and approved by the SRB. I will not conduct specific research projects, particularly any projects that require IRB approval, without written approval and authorization from the SRB.
- I will not provide, distribute, disclose, or otherwise share Utah Tracking Network data, obtained from Secure IBIS-PH data obtained from Secure IBIS-PH or in any other way, to or with other persons or public health professionals unless approved by the SRB.
- I will follow the procedures and methods described in the Secure IBIS-PH Access Request and in any modifications made by the SRB.
- I will assure the integrity, confidentiality, and security of all Utah Tracking Network data in all forms. (See the online Policies and Procedure Manual for standards of data protection.)
- I will comply with any and all restrictions, requirements, and stipulations described by the SRB.
- I agree to be monitored by the SRB through the Utah Tracking Program, to provide progress and status reports as requested, and to meet other review process requirements as requested by the SRB.
- I will acknowledge the data owner(s) and the Utah Tracking Network in all public presentations (defined above) of Utah Tracking Network data and the findings derived from the data.
- I understand that I have an affirmative obligation to notify the Utah Tracking Network within 24 hours of any change in employment for either myself or any associated public health professionals so that data rights may be adjusted accordingly.
- I understand that the Utah Tracking Program and SRB members do not guarantee the accuracy of the data they provide through Secure IBIS-PH or in any other way.
- I understand that the Utah Tracking Program and SRB members do not guarantee that Secure IBIS-PH and other forms of data access will be functional. The Utah Tracking Program and SRB members are not liable for problems accessing data or for failures by public health professionals to meet deadlines because of problems with data or access.
- I understand that any breach by me or any associated individuals or organizations of any of the above agreements will result in an immediate termination of data access, as well as a denial of rights to data publication or presentation. Upon termination of access, I agree to erase all

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documents, databases, and all other electronic storage units containing any form of the data. I will return any other data or storage devices to the Utah Tracking Program. I understand that the SRB will have the discretion to approve or deny any impending publications or presentations involving Utah Tracking Network data.

\_\_\_\_\_  
Signature of Public Health Professional

Date:\_\_\_\_\_

\_\_\_\_\_  
Staff Member's Supervisor (PLEASE PRINT)

\_\_\_\_\_  
Signature of Staff Member's Supervisor

Date:\_\_\_\_\_