

Hawaii State Department of Health (DOH) Proposal Approval Form for Behavioral Risk Factor Surveillance System (BRFSS) Data Requests

Project title:

Principle Investigator (PI) or Project Manager (PM):

Required attachments:

1. Full proposal¹
2. Documentation of IRB/CHS approval
3. If a limited dataset is being requested, a signed DOH Data Use Agreement must be attached
4. If the data request includes Protected Health Information (PHI), documentation that demonstrates compliance with HIPAA must be attached (IRB Waiver of Authorization, Business Associate agreement, or patient informed consent)

Signature of PI or PM: _____ Date: _____

DC/OC/D² approval to proceed with project

DC/OC/D Name:

DOH Division or Office:

DC/OC/D Signature: _____ Date: _____

¹ Full proposal should include: title, complete list of investigators and organizational affiliation, contact information for principle investigator/project manager, project timeline, purpose, background information, methods including explanation of DOH data to be used, planned uses of research outcomes, consent forms (if applicable), measures to ensure confidentiality, and requested variables.

² Division Chief, Office Chief, or Designee.

Please attach a full proposal including the following components:

Title

Complete list of investigators, including anyone who will have access to the data [Note: Be sure each person listed signs the DOH Data Use Agreement.]

Organizational affiliation

Contact information

Project timeline

Purpose

Research questions

Background

Methods

Planned uses of research outcomes

Variables requested [Note: Please use the appropriate questionnaires when requesting variables.

Questionnaires can be found here: <http://hhdw.org/questionnaires/>]