



## *Cancer Care Nova Scotia*

### **Application for Access to Data for Administrative Planning or Quality Management Purposes**

An electronic version of this application is available on the *CCNS* website  
[www.cancercare.ns.ca](http://www.cancercare.ns.ca)

The information on this form will be used to evaluate the request for access to *CCNS* data. Any questions about the form should be directed to:

*Pauline Hart*  
*Administrative Assistant*  
*Cancer Care Nova Scotia*  
*1276 South Park Street*  
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*Halifax, Nova Scotia B3H 2Y9*  
*E-mail: [Pauline.Hart@ccns.nshealth.ca](mailto:Pauline.Hart@ccns.nshealth.ca)*

Items that are marked with an asterisk (\*) are to be completed for **preliminary requests** (outlined in section 11.1 of the *CCNS* Data Access Policy and Procedures)

Prior to final submission, please ensure that your application is complete and that attachments are clearly labeled.

If this request is approved, you may be asked to sign a contractual agreement prior to obtaining access to *CCNS* data to ensure the data is handled appropriately.



2. Significance/benefits to be derived \*

3. Describe the expected audience for the results of this project

4. \*Please specify:

- the data holding(s) from which the data will be requested(i.e. Nova Scotia Cancer Registry; Provincial Cytology Colposcopy Registry; Patient Navigator Database)  
**AND**
- the level of anonymity (aggregate, person-level, person-identifiable, health-provider identifiable and institution-identifiable) for the requested data. See Section 3 of the Data Access Policy for definitions of anonymity levels.

<b>Data Holding</b>	<b>Level of Anonymity</b>

1) Anticipated data elements and how each will be used.*
2) Define the population to be examined, including selection, inclusion and exclusion criteria and sample size.*
3) Are you expecting <i>CCNS</i> to manipulate/modify any of the source data elements for this study? Describe.*
4) Describe proposed linkages to be made between <i>CCNS</i> data and any other data/information. Include a detailed description of the non- <i>CCNS</i> data source(s) including all data elements to which <i>CCNS</i> 's data will be linked.*
5) Target date(s) for receipt of data from <i>CCNS</i> *
6) Expected period of time during which access to the requested data is required*.
7) Medium in which the data is required (e.g. paper or electronic), with details about the file and/or table format (if applicable):

## **SECTION C: Approvals**

**1. The use of CCNS's data for the above stated purpose is supported by (check all that apply):**

- Nova Scotia Department of Health
- CCNS internal use/organizational requirements
- Capital District Health Authority
- Colchester East Hants Health Authority
- Cumberland Health Authority
- Pictou County Health Authority
- Guysborough Antigonish Strait Health Authority
- Cape Breton District Health Authority
- Annapolis Valley Health Authority
- South Shore Health Authority
- South West Health Authority
- IWK
- Other (specify) \_\_\_\_\_

**Please append letter(s) of support from organizational representative(s).**

## SECTION D: Security

*In addition to the minimum safeguards outlined below, CCNS may require additional safeguards, which will be reviewed with the data requester prior to the release of the data.*

In addition to the following safeguards, prior to data release, the requester will be required to:

- Identify the secure location(s) where the data will be kept,
- Identify the named individuals who will have access to the data
- Specify procedures to prevent unauthorized access
- Specify procedures to safeguard laptops and other portable computing devices against theft and unauthorized access, if they are used.

### **Physical Safeguards:**

- 1) All hard copies and electronic storage media will be kept in locked cabinets when not in use.
- 2) Back up files will be made on a regular basis and will be kept in a secure location.
- 3) Project staff will be granted access to the data on a **need-to-know** basis.

### **Technical Safeguards:**

- 1) Electronic files will be password protected
- 2) Person-identifiable information will not be transmitted electronically, unless encrypted

Should the requester wish to amend the protocol or project or use of the data in any way, CCNS requires an updated copy before the data can be released.

I have been provided with, read and agree to comply with the CCNS Data Access Policy and Procedures.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date