

Request for Authorized Access to THN Data

Instructions:

1. The Request for Authorized Access to THN Data form (RAATD) shall be used to document all requests for access to THN data.
2. The requestor must submit a completed RAATD form to the Privacy Specialist in the department in receipt of the request.
3. The Privacy Specialist will ensure the requestor accurately completes the RAATD form and review for initial authorization determination. The Privacy Specialist will refer to SEC-114-*Request for Authorized Access to THN Data* to initially approve or deny the request using the RAATD form.
4. The Privacy Specialist will send the RAATD form with their initial determination to THN's Compliance and Privacy Officer for review.
5. The Compliance and Privacy Officer will provide a final approval or denial for the request, with an explanation when necessary and return a copy of the RAATD form to the Privacy Specialist.
6. The Privacy Specialist will be responsible to:
 - a. Notify the requestor of the final determination.
 - b. If approved, the Privacy Specialist will oversee the requestor's access to THN data to ensure it remains within the scope of the authorized access and purpose.
 - c. Any access to THN data for purposes that fall beyond the scope of the original request must be submitted for a separate authorization using the RAATD form and process.
7. The Compliance and Privacy Officer will maintain a copy of the RAA for a period of 10 years on the THN Compliance Share Point site.

THN Compliance and Privacy Contacts:

David O'Rourke – Director of Compliance	David.O'Rourke@conehealth.com
Amanda Mai – Compliance and Privacy Manager	Amanda.mai@conehealth.com

Request for Authorized Access to THN Data

Requestor's Name:	
Employer's Name:	
Project's Name:	
Does the Requestor and/or employer have a Business Associate's Agreement (BAA) with THN?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Will access to THN's Data be used for a THN project or purpose?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
Provide a detailed explanation for the need to access THN's Data and the purpose for which it will be used?	
What elements of THN Data does the requester need to access for the project's intended purpose (i.e. Patient's name, birthdate, diagnosis, etc.)	
What is the estimated length of time the requestor needs access to THN's Data for this purpose (1 month, 6 months, 1 year, etc.)?	

Date Processed by Privacy Specialist: _____

Privacy Specialist's Name: _____ Department: _____

Privacy Specialist's Signature: _____

Initial Approval:

Initial Denial:

Explanation: _____

Date Processed by Compliance and Privacy Officer: _____

Compliance & Privacy Officer's Name: _____

Compliance & Privacy Officer's Signature: _____

Final Approval:

Final Denial:

Explanation: _____

Attachments: Please attach documents that support your request for authorized access to THN data.