A Guide to the Data Broker Services Request Form

Data Broker

Contents

Accessing the Data Broker Services Request Form

1. Go to UM IT's Self-Service Portal (https://umiami.service-now.com/self-service)

2. Click on 'Order Items & Services'
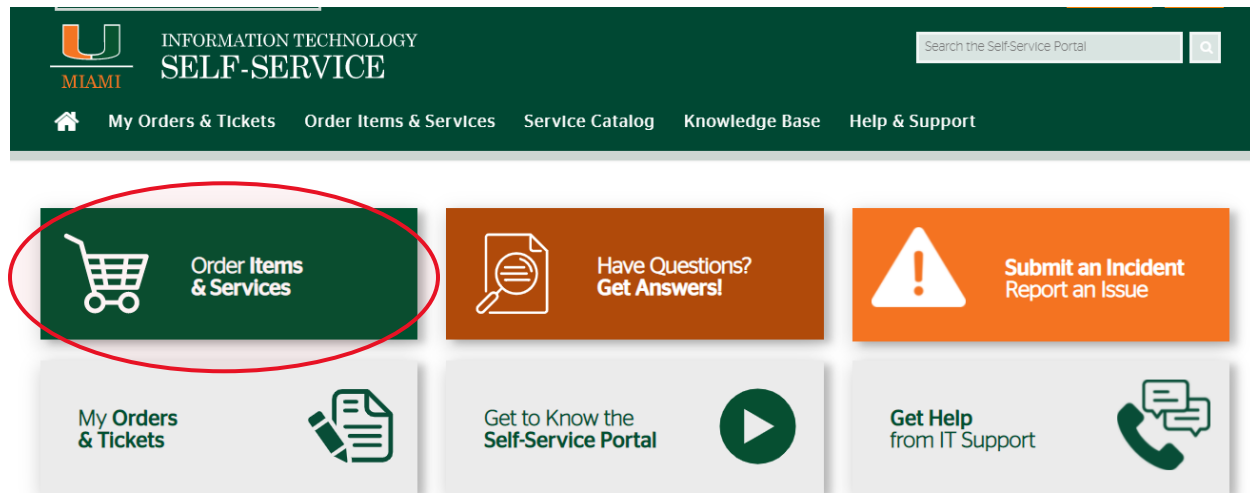
3. Under the section 'Data Extract or Reports', select 'Data Broker Services (Clinical) Request'

4. Once selected, the Data Broker Services (Clinical) Request Form will load (see screenshot below).

UM Service Catalog > Data Extract or Reports > Data Broker Services (Clinical) Request

Q Search catalog

Data Broker Services Request Form

For additional information on Data Broker services, please visit our website. For any questions, please email the Data Broker.

Order this Item
Estimated delivery time (calendar days) — 3 Days

Submit Order

Requester's Information

* Requested For/On behalf of

▶ Do I need to change this?

Requester's Contact Phone Number

Ex. 305-555-5555

* Requester's Department

Service Requested

* Select Data Broker Service

○ Clinical Data (Research/Operations)

○ Access

○ Patient Contact List

○ File Transfer from Secure Workbench

○ Other Non-Clinical Data

○ Other Inquiry or Consulting

Additional Details and Documentation

Additional Information

▼

5. Once the request has been submitted (i.e., 'Submit Order' has been clicked). An email notification will be sent to the individual whose name is in the 'Requested For/On behalf of' field. The notification will contain the related ticket number as well as the Current Stage of the Request.

Subject   Request REQ20210007585 has been opened on your behalf

U SERVICE

New Request Created

Number: REQ20210007585
Opened: 08-16-2021 11:04:00 AM

Requested items:
RITM20210007669
Title: 'Clinical Data' requested for **** *****
Description: 'Clinical Data' has been requested for **** *****
Current Stage: ⊙ Waiting for Approval

Thank you.

Completing the Data Broker Services Request Form

The Data Broker Services Request form is used by the Data Broker to review and facilitate requests related to Clinical Data. Generally, when a Request form is submitted, a ticket is created and is routed to the Data Broker for review.

The exception is requests related to Quality Assurance (QA) and Quality Improvement Initiatives which require additional Business Unit Management approval prior to review by the Data Broker. These requests will be sent to the appropriate Business Unit Management for approval, then to the Data Broker once approved by the Business Unit Management individual.

Once the request has been reviewed and approved by the Data Broker, the ticket will be routed to the appropriate UHealth IT group for fulfillment. There are many different groups within UHealth IT, with varying responsibilities for reporting. Please note the response time for actual extraction of the data from the applicable UHealth IT group rely on a variety of factors, including the complexity of the request, the current volume of tickets already in the queue, availability of resources, and other concurrent projects that UHealth IT/UChart team may have at any given moment.

All tickets are housed within the UM IT Service Now platform and serve to document the request, including who made the request, the stated reason/purpose/justification for the request and the criteria for the data extract/report etc. This is important for a variety of reasons including data security, privacy, and compliance.

The form currently has six different request types (see below). Click any of the links below to be taken to the instructions for the request types.

- Clinical Data (Research/Operations)
- Access
- Patient Contact List
- File Transfer from Secure Workbench
- Other Non-Clinical Data
- Other Inquiry or Consulting

Clinical Data (Research/Operations)

- Use this option when Clinical Data is needed for any of the following purposes:
  - Case Logs for credentialing purposes
  - Quality Assurance (QA) and Quality Improvement (QI) Projects
  - IRB-approved Research (both retrospective and prospective)
    - If the request is for utilizing the Consent to Contact Initiative, do not use this request form. Please use the Consent to Contact Request Form which can be found here on the CTSI website.
  - Reviews Preparatory to Research
  - Other Health Care Operations/Care need
    - "Health care operations" are certain administrative, financial, legal, and quality improvement activities of a covered entity that are necessary to run its business and to support the core functions of treatment and payment.

- **Requester's Information**
  - Requested For/On behalf of (**Mandatory Field**)
    - The name of the person who is completing the request form automatically appears but can be changed to the name of the person the request is on behalf of.
    - The individual whose name is in this field will receive email notifications regarding this request from the Data Broker as well as the Service Now platform.

  - Requester's Contact Phone Number
    - Best contact phone number during standard business hours.

  - Requester's Department (**Mandatory Field**)
    - Department/Division/Business Unit of the requester

- **Service Requested**
  - Under Service Selected, select 'Clinical Data (Research/Operations)'

○ Once selected, two new sections will appear called 'General Information' and 'Clinical Data Details'

- **General Information**
    - ○ Is this a first time/new request? (**Mandatory Field**)
        - Select 'Yes' is this is first time or new request.
        - If it is an update or related to a previous request, select 'No' and if available, provide the ticket number of the previous request(s) in the 'Previous Requested Item (if known)' field. This field will only appear when 'No' is selected. Particularly for complex requests, there may be previous tickets that can be helpful in timely fulfillment, rather than re-creating the request from scratch.

- Data Extract Frequency (**Mandatory Field**)
  - Select the frequency which the data extract is needed. Options include: one time, weekly, monthly, quarterly, annually, and other. Most frequent choice is "one time".

- Will this data be shared? (**Mandatory Field**)
  - Select 'No' if Clinical Data requested will be used only within the requester's unit.
  - If data will be shared outside of the requester's area or will be shared externally, select 'Yes' and list ALL of the recipients (internal business units, departments or external i.e., non-UM entities) in the 'Shared with?' box, which again will only appear once 'Yes' is selected. It should be noted that in most cases, there needs to be some sort of agreement in place, particularly if identifiable or other sensitive data is being shared, especially relevant for external entities.

- What is the purpose for this data request? (**Mandatory Field**)
  - Select the purpose for the data request. Options include Credentialing/Case Logs, Quality Assurance (QA) or Quality Improvement (QI) Initiatives, Research, Review Preparatory to Research, and Other. Please note that certain options (such as QA/QI, Research, etc.) will require additional information and/approval, see below for these additional items.
    - *Quality Assurance (QA) or Quality Improvement (QI) Initiatives*
      - Briefly describe the project for the QA/QI Initiative (**Mandatory Field**)
      - Please note that there is an additional approval step in the fulfillment process for requests related to QA/QI Initiatives. The requester's direct manager will receive an email to approve the request. It is important to consider who should submit the request so that it can be routed to an appropriate manager familiar with the request. Once the manager approval has been submitted through UService, the request ticket will be automatically assigned to the Data Broker for review and approval. For more information, please refer to the How to Approve a Request for QA/QI Initiatives section of this guide. It is important to follow-up with the "approver" to ensure that they approve the request, otherwise the request will remain "in-limbo".
    - *Research*
      - Associated IRB eProst study number (**Mandatory Field**)
      - Please note: if the request is for utilizing the Consent to Contact Initiative, the Consent to Contact Request Form should be used. The form can be found here on the CTSI website.
    - *Review Preparatory to Research*

- o Attach Completed UM Form E (**Mandatory Field**) - Investigator's Certification for Reviews Preparatory to Research, available on the HSRO web site (hsro.med.miami.edu).
  - *Other*
    - o Briefly describe how this data will be used (**Mandatory Field**)
    - o This option should only be used if none of the other listed options match.

- o Type of Data Being Requested (**Mandatory Field**)
  - Choose the type of data being requested. For more information on the types of data that can be requested, please refer to the Data Broker website. Additional information can be found on fredhutch.org (https://extranet.fredhutch.org/en/u/hdc/data.html).
    - De-Identified Data Set (no direct identifiers, no full dates etc.)
    - Limited Data Set (no direct identifiers (NO names or MRN etc.), dates, zip code allowed)
    - Individually Identifiable Health Data (PHI) (includes names, MRN, dates, etc.).
    - Re-Identification (URIDE, Cancer Scout, SlicerDicer, etc.)
      - o Make sure to include the query results and/or query that is being requested to be re-identified.

- **Clinical Data Details**
  - o Inclusion/Exclusion Criteria for Clinical Data (**Mandatory Field**)
    - List the inclusion and/or exclusion criteria that should be used to create the clinical data set
    - Examples of common inclusion/exclusion criteria are Dates (i.e., Encounter Date, Service Date, Procedure Date, Date Prescribed, Result Date, Date Ordered, etc.), Service Provider, Service Location, ICD Diagnosis Codes, CPT Procedure Codes, Patient Age, Medications (generic names, brand names), etc.

  - o List Columns/Fields that should be included in the data extract (**Mandatory Field**)
    - What columns or fields should be in included in data output?

- Examples of common output fields include patient demographics (i.e., age, race, ethnicity, etc.), ICD Diagnosis Codes, Service Location, Service Provider, etc.
- Output fields will be dependent on the nature of the request. If the request is for research purposes, the fields must be approved by the IRB to collect for the study.

- **Additional Details and Documentation**
  - Provide any other additional information that may be relevant to the request.

  - If there are any documents to attach to the request, use the paper clip in the top right corner of the request form to upload.

- **Terms and Conditions**
  - Read and agree to the Terms and Conditions of the Data Broker Services Request form.
  - To agree, click the box next to the 'I have and agree' statement. (**Mandatory Field**)

Terms and Conditions

I certify that the data described above will be used only for the purpose stated above.

The data collected cannot be used for Human Subject Research without receiving IRB approval.

The recipient shall use appropriate safeguards, as recommended by the applicable Information Technology/Security group, to prevent unauthorized use or disclosure of the data. The conditions above shall be clearly communicated to staff members and others with authorized access to the data, including any authorized collaborators and subcontractors.

* ☐ I have read and agree to the above terms and conditions

- **Submit Data Broker Service Request form for Clinical Data (Operations/Research)**
  - Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.

UM Service Catalog > Data Extract or Reports > Data Broker Services (Clinical) Request

Data Broker Services Request Form

For additional information on Data Broker services, please visit our website. For any questions, please email the Data Broker.

Order this Item
Estimated delivery time (calendar days)   3 Days

Submit Order

Requester's Information
* Requested For/On behalf of
▶ Do I need to change this?

Requester's Contact Phone Number
Ex. 305-555-5555

* Requester's Department

Access

- Use this option when access to any of the following applications is being requested:
    - Cancer Scout
    - EPIC Cubes
    - Power BI Dashboards related to Clinical Data
    - Secure Workbench
    - Other Access (i.e., for previously created EPIC reports, Business Objects, Crystal Reports, etc. in addition to changes in level of access)

- **Requester's Information**
    - Requested For/On behalf of (**Mandatory Field**)
        - The name of the person who is completing the request form automatically appears but can be changed to the name of the person the request is on behalf of.

    - Requester's Contact Phone Number
        - Best contact phone number during standard business hours.

    - Requester's Department (**Mandatory Field**)
        - Department/Division/Business Unit of the requester

- **Service Requested**
    - Under Service Selected, select 'Access'

    - Once selected, two new sections will appear called 'General Information' and 'Access Information'

- **General Information**
  - Will this data be shared? (**Mandatory Field**)
    - Select 'No' if Clinical Data requested will be used only by the requester/within requester's dept/business unit.
    - If data will be shared outside of the requester's area or will be shared externally, select 'Yes' and list ALL of the recipients (internal business units, departments or external i.e., non-UM entities) in the 'Shared with?' box, which again will only appear once 'Yes' is selected.

- **Access Information**
  - Access Type (**Mandatory Field**)
    - Select what access is being requested from the following:
      - Cancer Scout
      - EPIC Cubes
      - Power BI Dashboard
      - Secure Workbench
      - Other

- o Access to be granted to
  - ▪ Who should access be granted to? Options include:
    - • 'User in the Requester field'
    - • 'Other' where the names of other individuals can be entered
- o
- o Business Need for Access (**Mandatory Field**)
  - ▪ Briefly describe how this access will be used. This provides documentation of the role/function and need for the access.

- o Individual from Business Unit Leadership providing authorization (and responsibility to notify IT if access is no longer required) (**Mandatory Field**)
  - ▪ Name of someone from business unit management/leadership who authorizes the access as well as confirming that it will be the responsibility of the business unit to provide notice to UHealth IT if access is no longer needed. This is particularly relevant if the individual transfers or job functions change.
  - ▪ Please note that the Data Broker will contact this individual or another relevant individual within the department/business unit to confirm the access authorization.

- o Business Unit of Authorizing Individual (**Mandatory Field**)
  - ▪ Name of business of individual authorizing the access.

- • **Additional Details and Documentation**
  - o Provide any other additional information that may be relevant to the request.

- o If there are any documents to attach to the request, use the paper clip in the top right corner of the request form to upload.

- **Terms and Conditions**
  - o Read and agree to the Terms and Conditions of the Data Broker Services Request form.
  - o To agree, click the box next to the 'I have and agree' statement. (**Mandatory Field**)

- **Submit Data Broker Service Request form for Access**
  - o Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.

Patient Contact List

- Use this option when a Patient Contact List is needed to send a communication or other material to patients. Physician departure letters, fundraising, and marketing events are some examples.
- To request patient lists for research recruitment purposes, please select the 'Clinical Data Request (Research/Operations)' option under Service Requested.

- **Requester's Information**
  - Requested For/On behalf of (**Mandatory Field**)
    - The name of the person who is completing the request form automatically appears but can be changed to the name of the person the request is on behalf of.

  - Requester's Contact Phone Number
    - Best contact phone number during standard business hours.

  - Requester's Department (**Mandatory Field**)
    - Department/Division/Business Unit of the requester

- **Service Requested**
  - Under Service Selected, select 'Patient Contact List'

  - Once selected, four new sections will appear:
    - General Information
    - Patient Contact List Details
    - Communication Approval
    - Communication Method and Responsible Party

- **General Information**
  - Is this a first time/new request? (**Mandatory Field**)
    - Select 'Yes' is this is first time or new request.
    - If it is an update or related to a previous request, select 'No' and if available, provide the ticket number of the previous request(s) in the 'Previous Requested Item (if known)' field. This field will appear when 'No' is selected.

  - Data Extract Frequency (**Mandatory Field**)
    - Select the frequency which the contact list is needed. Options include: one time, weekly, monthly, quarterly, annually, and other.

- **Patient Contact List Details**
  - How will the patient contact list be used? (**Mandatory Field**)
    - Options include Departure Letter, Fundraising, Marketing, and Other
    - For patient lists to be used for research recruitment purposes, please select the 'Clinical Data Request (Research/Operations)' option under Service Requested.
    - To utilize CTSI's Consent to Contact Initiative, please use the Consent to Contact Request Form which can be found here on the CTSI website.

  - Explain Reason for Patient Contact List (**Mandatory Field**)
    - What is the reason for this request? For departure letters, provide the name of the departing provider. For marketing and fundraising purposes, provide the name of event, etc.

- **Communication Approval**
  - Has the communication material been reviewed and approved by Department Chair, SOA, or other Administrator? (**Mandatory Field**)
    - Select Yes or No

  - Has the communication material been reviewed and approved by the UHealth Privacy Office? (**Mandatory Field**)
    - Select Yes or No
    - If yes, attach a copy of the UHealth Privacy approval email to the request.
    - If these approvals are obtained in advance, this helps in the speed of fulfillment.

- **Communication Method and Responsible Party**
  - How will the communication material be sent to the patients? (**Mandatory Field**)
    - Select the method the communication material will be sent to the patients
      - Mail
      - MyChart
      - Phone Call
      - Voicemail
      - Other

  - Who will be responsible for sending the communication material to patients? (**Mandatory Field**)
    - Will a UM department or a Third-Party Vendor be used to send the material?

  - UM Department or Third-Party Vendor sending communication material (**Mandatory Field**)
    - Provide the name of the UM or Third-Party Vendor sending the material. Note use of a Third-Party vendor will almost always require a HIPAA Business Associate Agreement (BAA) be in place. For more information on vendors with already completed BAAs, please contact privacycontracts@miami.edu.

  - Inclusion/Exclusion Criteria for Patient Contact List (**Mandatory Field**)
    - List the inclusion and/or exclusion criteria that should be used to create the clinical data set
    - Examples of common inclusion/exclusion criteria are Service Provider, Service Location, Date of Service, ICD Diagnosis Codes, CPT Procedure Codes, remove known deceased persons, etc.

  - Data fields/columns to be included in the contact list (**Mandatory Field**)
    - Provide a list of fields/columns which should be included in the list. The requested fields should reflect the sending method (i.e., mailing address for mail, phone number for voicemail, etc.).

- **Additional Details and Documentation**
  - Provide any other additional information that may be relevant to the request.

  - If there are any documents to attach to the request, use the paper clip in the top right corner of the request form to upload.

- **Terms and Conditions**
  - Read and agree to the Terms and Conditions of the Data Broker Services Request form.
  - To agree, click the box next to the 'I have and agree' statement. (**Mandatory Field**)

Terms and Conditions

I certify that the data described above will be used only for the purpose stated above.

The data collected cannot be used for Human Subject Research without receiving IRB approval.

The recipient shall use appropriate safeguards, as recommended by the applicable Information Technology/Security group, to prevent unauthorized use or disclosure of the data. The conditions above shall be clearly communicated to staff members and others with authorized access to the data, including any authorized collaborators and subcontractors.

* ☐ I have read and agree to the above terms and conditions

- **Submit Data Broker Service Request form for a Patient Contact List**
  - Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.

File Transfer from Secure Workbench

- Use this option when requesting file(s) to be transferred off a Secure Workbench.

- **Requester's Information**
  - Requested For/On behalf of (**Mandatory Field**)
    - The name of the person who is completing the request form automatically appears but can be changed to the name of the person the request is on behalf of.

  - Requester's Contact Phone Number
    - Best contact phone number during standard business hours.

  - Requester's Department (**Mandatory Field**)
    - Department/Division/Business Unit of the requester

- **Service Requested**
  - Under Service Selected, select 'File Transfer from Secure Workbench

  - Once selected, four new sections will appear called 'General Information', 'Data Transfer Details', 'Data Location', 'Data Destination'.

- **General Information**
  - o Is this a first time/new request? (**Mandatory Field**)
    - Select 'Yes' is this is first time or new request.
    - If it is an update or related to a previous request, select 'No' and if available, provide the ticket number of the previous request(s) in the 'Previous Requested Item (if known)' field. This field will appear when 'No' is selected.

  - o Data Extract Frequency (**Mandatory Field**)
    - Select the frequency which the data extract is needed. Options include: one time, weekly, monthly, quarterly, annually, and other.

  - o Will this data be shared? (**Mandatory Field**)
    - Select 'No' if the data requested will be used only by the requester.
    - If data will be shared outside of the requester's area or will be shared externally, select 'Yes' and list the recipients in the 'Shared with?' box which will appear once 'Yes' is selected.

  - o What is the purpose of this request? (**Mandatory Field**)
    - Select the purpose for the data request. Options include Credentialing/Case Logs, Quality Assurance (QA) or Quality Improvement (QI) Initiatives, Research, Review Preparatory to Research, Other. Please note that certain options (such as QA/QI, Research, etc.) will require additional information, see below.
      - *Quality Assurance (QA) or Quality Improvement (QI) Initiatives*
        - o Briefly describe the project for the QA/QI Initiative (**Mandatory Field**)
        - o Please note that there is an additional approval step in the fulfillment process for requests related to QA/QI Initiatives. The requester's direct manager will receive an email to approve the request. Once the manager

22

approval has been submitted through UService, the request ticket will be routed to the Data Broker for review and approval. For more information, please refer to the How to Approve a Request for QA/QI Initiatives section of this guide.

- *Research*
    - Associated IRB eProst study number (**Mandatory Field**)
- *Review Preparatory to Research*
    - Attach Completed UM Form E (**Mandatory Field**) - Investigator's Certification for Reviews Preparatory to Research
- *Other*
    - Briefly describe how this data will be used (**Mandatory Field**)
    - This option should only be used if none of the other listed options match.

- **Data Transfer Details**
    - Description of Data to be Transferred (**Mandatory Field**)
        - Brief description of the file to be moved describing its content

- **Data Location**
    - Name or Description of Secure Workbench (**Mandatory Field**)
    - Data File Location (**Mandatory Field**)

- Path/location of file on the Secure Workbench

- **Data Destination**
    - Where should files be transferred to?
        - Options include Department Server, Email, UM Box, UM OneDrive, Secure Workbench, UMIT/UHIT Sanctioned Method, Other Method

- **Additional Details and Documentation**
    - Provide any other additional information that may be relevant to the request.

    - If there are any documents to attach to the request, use the paper clip in the top right corner of the request form to upload.

- **Terms and Conditions**
    - Read and agree to the Terms and Conditions of the Data Broker Services Request form.
    - To agree, click the box next to the 'I have and agree' statement. (**Mandatory Field**)

Terms and Conditions

I certify that the data described above will be used only for the purpose stated above.

The data collected cannot be used for Human Subject Research without receiving IRB approval.

The recipient shall use appropriate safeguards, as recommended by the applicable Information Technology/Security group, to prevent unauthorized use or disclosure of the data. The conditions above shall be clearly communicated to staff members and others with authorized access to the data, including any authorized collaborators and subcontractors.

☀ ☐ I have read and agree to the above terms and conditions

- **Submit Data Broker Service Request form for a File Transfer from a Secure Workbench**
  - ○ Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.

Other Non-Clinical Data

- Use this option when Non-Clinical Data (i.e., data not stored in clinical systems, data that is not clinical in nature, etc.) is needed for any of the following purposes:
  - Case Logs for credentialing purposes
  - Quality Improvement and Quality Assurance Projects
  - IRB-approve Research (both retrospective and prospective)
  - Reviews Preparatory to Research
  - Other operations/care need

- **Requester's Information**
  - Requested For/On behalf of (**Mandatory Field**)
    - The name of the person who is completing the request form automatically appears but can be changed to the name of the person the request is on behalf of.

  - Requester's Contact Phone Number
    - Best contact phone number during standard business hours.

  - Requester's Department (**Mandatory Field**)
    - Department/Division/Business Unit of the requester

- **Service Requested**
  - Under Service Selected, select 'Other Non-Clinical Data'

  - Once selected, two new sections will appear called 'General Information' and 'Other Non-Clinical Data Details'

- **General Information**
  - Is this a first time/new request? (**Mandatory Field**)
    - Select 'Yes' is this is first time or new request.
    - If it is an update or related to a previous request, select 'No' and if available, provide the ticket number of the previous request(s) in the 'Previous Requested Item (if known)' field. This field will appear when 'No' is selected.

  - Data Extract Frequency (**Mandatory Field**)
    - Select the frequency which the data extract is needed. Options include: one time, weekly, monthly, quarterly, annually, and other.

  - Will this data be shared? (**Mandatory Field**)
    - Select 'No' if the data requested will be used only by the requester.
    - If data will be shared outside of the requester's area or will be shared externally, select 'Yes' and list ALL of the recipients (internal business units, departments or external i.e. non-UM entities) in the 'Shared with?' box, which again will only appear once 'Yes' is selected.

- o What is the purpose for this data request? (**Mandatory Field**)
  - Select the purpose for the data request. Options include Credentialing/Case Logs, Quality Assurance (QA) or Quality Improvement (QI) Initiatives, Research, Review Preparatory to Research, Other. Please note that certain options (such as QA/QI, Research, etc.) will require additional information, see below.
    - *Quality Assurance (QA) or Quality Improvement (QI) Initiatives*
      - Briefly describe the project for the QA/QI Initiative (**Mandatory Field**)
      - Please note that there is an additional approval step in the fulfillment process for requests related to QA/QI Initiatives. The requester's direct manager will receive an email to approve the request. Once the manager approval has been submitted through UService, the request ticket will be routed to the Data Broker for review and approval. For more information, please refer to the How to Approve a Request for QA/QI Initiatives section of this guide.
    - *Research*
      - Associated IRB eProst study number (**Mandatory Field**)
    - *Review Preparatory to Research*
      - Attach Completed UM Form E (**Mandatory Field**) - Investigator's Certification for Reviews Preparatory to Research
    - *Other*
      - Briefly describe how this data will be used (**Mandatory Field**)
      - This option should only be used if none of the other listed options match.

- o Type of Data Being Requested (**Mandatory Field**)
  - o Choose the type of data being requested. For more information on the types of data that can be requested, refer to the Data Broker website.
    - De-Identified Data Set
    - Limited Data Set
    - Individually Identifiable Health Data (PHI)
    - Re-Identification (URIDE, CDT)

- **Other Non-Clinical Data Details**
  - Other Non-Clinical Data Being Requested (**Mandatory Field**)
    - List the inclusion and/or exclusion criteria that should be used to create the data set, data Source, what columns or fields should be in included in data output, or any other information pertinent to the request

- **Additional Details and Documentation**
  - Provide any other additional information that may be relevant to the request.

- o If there are any documents to attach to the request, use the paper clip in the top right corner of the request form to upload.

- **Terms and Conditions**
  - o Read and agree to the Terms and Conditions of the Data Broker Services Request form.
  - o To agree, click the box next to the 'I have and agree' statement. (**Mandatory Field**)

- **Submit Data Broker Service Request form for Other Non-Clinical Data Requests**
  - o Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.
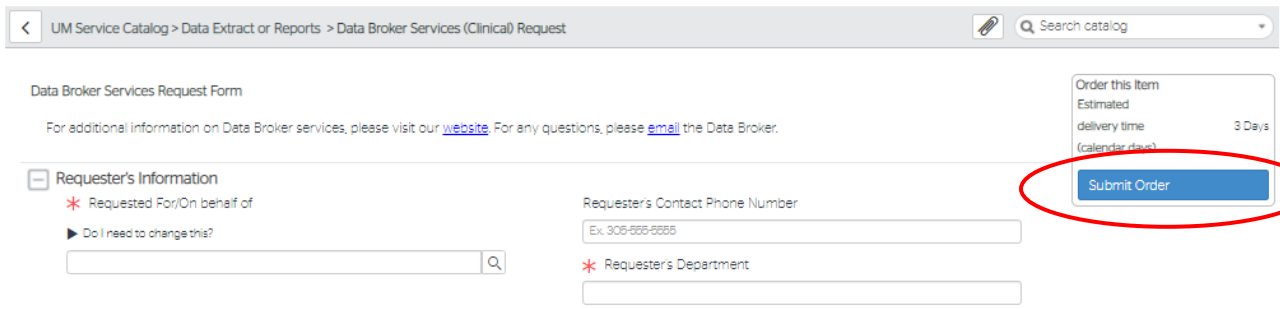
Other Inquiry or Consulting

- Use this selection to submit any questions, inquiries, or other data privacy/security/compliance consulting needs to the Data Broker.

- **Additional Details and Documentation**
  - o Summarize the inquiry or explain what type of consulting service is being requested from the Data Broker.

  - o If there are any documents to attach to the request, use the paper clip in the top right corner of the request form to upload.
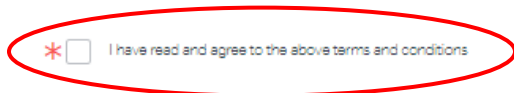

- **Terms and Conditions**
  - o Read and agree to the Terms and Conditions of the Data Broker Services Request form.
  - o To agree, click the box next to the 'I have and agree' statement. (**Mandatory Field**)

- **Submit Data Broker Service Request form for Other Inquiry or Consulting Requests**
  - o Submit the Data Broker Service Request form by going to the top of the request and click 'Submit Order' on the right-hand side.

Data Broker Services Request Form

For additional information on Data Broker services, please visit our website. For any questions, please email the Data Broker.

− Requester's Information

* Requested For/On behalf of

▶ Do I need to change this?

Requester's Contact Phone Number

Ex. 305-555-5555

* Requester's Department

Order this Item
Estimated
delivery time   3 Days
(calendar days)

Submit Order

How to Approve a Request for QA/QI Initiatives (for Business Unit Management)

For Data Requests and File Transfers from Secure Workbenches that will be used for Quality Assurance and/or Quality Improvement Initiatives, there is an additional approval step in the fulfillment process for these requests. Prior to the request being routed to the Data Broker, the requester's direct manager will receive an email to approve the request. Once the manager has submitted their approval through UM IT Service Platform (UService), the request ticket will be routed to the Data Broker for review and approval.

1. An email notice is sent to the manager, once the request has been submitted to either approve or reject the request.
   a. Two more reminders are sent 24 hours then 48 hours after the request was initially submitted. If no manager approval is received within 48 hours of the request being submitted, the request will be escalated to the manager's supervisor for approval. Hence consider who should make the initial request so that it can be routed to the appropriate manager. Note is helpful to make the appropriate manager aware, and to be on the lookout for the approval email. The request will remain in-limbo until "approved" and subsequently routed to the data broker group.

2. This email will come from the UMIT Service Desk (umiami@service-now.com). The email will include two buttons (an orange one to approve and a green one to reject the request), a summary of the request (items are listed below), as well as links to Approval Page in Service Now and the actual Request form in Service Now.
   a. Requested For/On behalf of
   b. Location
   c. Requester's Department
   d. Select Data Broker Service
   e. Is this a first time/new request?
   f. Data Extract/Transfer Frequency
   g. Will this data be shared?
   h. What is the purpose for this data request?
   i. Briefly describe the project for the QA/QI Initiative
   j. Type of Data Being Requested
   k. Inclusion/Exclusion Criteria for Clinical Data
   l. List columns/fields that should be included in the data extract

m. Additional Information
n. I have read and agree to the above terms and conditions

From: UMIT Service Desk <umiami@service-now.com>
Sent: Tuesday, August 17, 2021 11:05 AM
To: Manager, Business <bmanager@med.miami.edu>
Subject: FIRST REMINDER: Requested Item RITM20210007669 Approval Request

U SERVICE

Your approval is required in order to fulfill this request

Please, approve or reject by clicking one of the buttons below and sending the resulting email at your earliest convenience to prevent delays in fulfilling the request.
Alternatively, you can login to UService and select Self-Service > My Approvals from the left-pane menu.

✓ Approve   ✗ Reject

Summary of Requested Item:

RITM20210007669 [Data Broker Services (Clinical) Request]
Title: 'Clinical Data' requested for Requester Name

Requested By: Requester Name

Request Details:

3. To approve the request, select the green 'Approve' button. Clicking the approval button will mark the request as approved and automatically assign it to the Data Broker for review as well as send an email notating the approval to the requester.
    a. To reject the request, select the orange 'Reject' button. This will close the ticket and send an email to the requester notifying them that the request was not approved.

Your approval is required in order to fulfill this request

Please, approve or reject by clicking one of the buttons below and sending the resulting email at your earliest convenience to prevent delays in fulfilling the request.
Alternatively, you can login to UService and select Self-Service > My Approvals from the left-pane menu.

✓ Approve   ✗ Reject

34

4. Once the request has been approved, the request will be routed to the Data Broker for review.