

Gippsland Regional Integrated Cancer Services (GRICS) Data Request Form

Request Guidelines

GRICS receives cancer related data from the Victorian Department of Health and Human Services, Victorian Cancer Registry and individual health service sites.

Stringent guidelines regarding the use and dissemination of this data apply.

Requests for information held by GRICS will be evaluated against:

- Department of Health and Human Services Conditions of Release of patient level data sets from the Victorian Health Information Reporting system (VHIRS) to the Victorian Integrated Cancer Services
- Memorandum of Understanding - Integrated Cancer Services (GRICS effective 1st December 2018)
- Victorian Cancer Registry Internet Portal (VCRIP) User Guide and Usage Policy for Notifiers & Users
- Health Records Act 2001 (Vic) and Health Privacy Principles • Health Privacy Principles • Privacy and Data Protection Act 2014 (Vic) and Information Privacy Principles, • Victorian Information Privacy Act (2000).
- Privacy Act 1988
- Latrobe Regional Hospital \ Health Information & Business Analysis \ Health Information [Policy]
- Latrobe Regional Hospital \ Human Resources \ Human Resources (HR) [Policy]

Requests for information that include patient identified data will need ethics approval for ratification of release. The ethics application will need to be submitted by the requesting clinician, and data will not be released until the appropriate approval has been received from the relevant Ethics committee.

Every effort will be made to provide information in a timely manner. Current work practices take precedence. Time taken between request and provision will be monitored to assess impact on both GRICS staff and practitioner requests.

Contact Information

Name: _____ Date of Request: _____

Department: _____ Phone No: _____

E-Mail Address: _____ Request Due by: _____

What information / data do you require

Please provide project aims and anticipated outcomes

Access information: Please list all staff that will access this data

Name: _____ Role: _____

Name: _____ Role: _____

How will this information be used

To whom will the findings be reported and how will they be presented

OFFICE USE ONLY

Date Received:

Received by:

Approved by (NAME):

SIGNATURE:

DATE: