**External Research, Evaluation and Aggregate Level Data Request Form**

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| Requestor Information |

1. Date of Request (Request submission date): Click here to enter text.
2. Requested Date for Access to Data: Click here to enter text.
3. Name of Primary Researcher: Click here to enter text.
4. Phone: Click here to enter text.
5. Email Address: Click here to enter text.
6. Institution: Click here to enter text.
7. Name(s) of Additional Researcher(s): Click here to enter text.
8. Does this request meet the definition of external research? [ ]  Yes [ ]  No
9. What is the researcher’s (and associates) history of contributions to the Department as an employee, volunteer, intern, or person willing to perform a directed inquiry into an area of specific interest to SCDSS?
Click here to enter text.
10. What is the primary researcher’s (and associates) educational levels (Master’s candidate, Doctoral candidate, post-Doctoral researcher) and/or other professional credentials?
Click here to enter text.

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| Request Type/Research Project Description |

1. Request Type: [ ]  Primary [ ]  Secondary (Data File) [ ]  Secondary (Aggregate)
2. Identifiable Data: [ ]  Yes [ ]  No
3. Provide a detailed description of the research project:

Click here to enter text.

1. Is there a provision of external oversight of the research effort by an institution of higher learning? [ ]  Yes [ ]  No

	1. If yes, please describe the external oversight (include by whom if applicable): Click here to enter text.

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| Benefit |

1. What is the benefit and relevance of the subject matter to the Department’s research interests?
Click here to enter text.
2. What is the benefit and relevance of the subject matter to treatment issues, program evaluation, or policy issues with the Department?
Click here to enter text.
3. What is the appropriateness of any questionnaires, scales, interview schedules or other instrumentation in relation to the populations that SCDSS serves (examples include language, reading level, general content) or other subjects?
Click here to enter text.

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| Security | Confidentiality | Risk Assessment |

1. Describe the procedures for protecting the confidentiality of SCDSS data, the provisions of HIPAA, as amended, and other applicable provisions of State and federal law.
Click here to enter text.
2. Describe what methods will be used to physically secure data.
Click here to enter text.
3. Describe the plans for disposal of restricted and confidential data elements upon completion of the research study.
Click here to enter text.
4. Is there potential for any harm to subjects as a result of participation in the research project?
Click here to enter text.
5. What is the capability of the researcher to conduct his/her study in a reasonably unobtrusive manner, with minimal involvement in arrangements by SCDSS line and other staff and minimal interruption of operations?
Click here to enter text.
6. Are there assurances that DSS clients’ and/or staff’s confidentiality will be protected?
[ ]  Yes [ ]  No

	1. Comments: Click here to enter text.