



**IHACPA**

# Data Request Form

Data Access and Release Policy V7.0



# Data Request Form



IHACPA

## Overview

The Independent Health and Aged Care Pricing Authority (IHACPA) recognises that access to high quality, nationally consistent, health and aged care data is essential to inform the development of policies for improving health outcomes for all Australians.

If you would like to request data from IHACPA<sup>1</sup>, please complete the following form addressed to:

Chief Executive Officer  
Independent Health and Aged Care Pricing Authority  
PO Box 483  
Darlinghurst NSW 1300

An editable PDF version of this application form is also available on the IHACPA [website](#).

IHACPA will assess your request and advise you if any further information is required. If you have any queries with regards to the information request process or your request, please call 02 8215 1100.

<b>Primary Applicant name</b> (please print clearly)
<b>Primary Applicant organisation</b> Detail your company, agency, university, etc.
<b>Primary Applicant position</b> Detail your current position, student details and supervisor (if relevant).

<sup>1</sup> Under clauses 220, 220A and 221 of the *National Health Reform Act 2011*, IHACPA may only release health care pricing and costing information or aged care information to the Australian Institute of Health and Welfare or the Australian Statistician.

<b>Primary Applicant email address</b>
<b>Primary Applicant phone number</b>
<b>Names, positions and contact details of all other Applicants who will have access to the data through IHACPA's Secure Data Management System (SDMS) within your organisation (please print clearly)</b>
<b>Information request description</b> Detail the information / data set requirements, etc. Please provide as much detail as possible around the data sought, to enable IHACPA to fully assess its ability to meet your request.
<b>Data sets and variables requested:</b>

**Desired outputs:**

**Time period/s of interest**

Start date:

End date:

**Intended use of information**

Detail the research project description including purpose, duration, potential benefits of the research, audience, etc., and where possible, please include information on intentions to publish or present data such as in academic journals and/or at conferences.

Note the advanced notice periods required prior to the publication of any deliverables, as outlined in the *Data Access and Release Policy*.

**Project / purpose of request:**

**Project duration:**

**Intended project outcomes:**

**Intended publication, use and audience for results (note that a formal publication request will still need to be submitted prior to publication):**

**Ethics clearance**

Please provide evidence of ethics approval, if granted.

**Linking of data**

Do you intend to link the data currently being requested to any other data sources? If so, please provide details.

**Timeline for project completion**

Detail of proposed project timeline including accessing IHACPA data, conducting analysis, deadlines for publication or PhD completion etc.

**Intended project duration:**

**Intended publication dates / reporting timeframes:**

**Length of time access to IHACPA data will be required:**

## Declaration by applicant

I make this data request on the basis that the details in this form are true and accurate.

I, the Primary Applicant, on behalf of all Applicants, agree to the following caveats and limitations on use of any data provided to me for the purposes of research:

- Acknowledge that IHACPA takes no responsibility for the accuracy and completeness of the data, and the outcomes related to its use
- Agree to use the source data and any information provided by IHACPA as confidential, for the approved purpose only
- Must not, without the prior consent of IHACPA, disclose any confidential information provided by IHACPA to a third party or those not approved on the consent form
- Must not use the confidential information for commercial gain
- Only use the confidential information for the purposes of research and not for any other purpose unless otherwise approved by IHACPA
- Comply with the conditions of use in respect of the confidential information provided and note that they will continue indefinitely
- Consider the IHACPA data notes which outline the data quality issues, costing notes and other considerations when analysing the data contained in the confidential information
- Agree not to make any attempt to link the data contained in the confidential information with any other data source/s without IHACPA authorisation
- Agree not to use, publish or disseminate any data in a way that might enable the identity of health professionals, hospitals or Local Hospital Networks to be ascertained from the confidential information
- Agree to provide IHACPA with advanced copies of any deliverables resulting from the use of IHACPA data at least two months prior to their publication
- Agree to notify IHACPA immediately of any breaches of this Deed or the caveats and limitations on use
- Adhere to any other conditions which IHACPA deems fit.

<b>Signature of primary applicant</b>	<b>Date</b>
Students, including PhD candidates, must have their research supervisor complete below. <b>Signature of supervisor</b>	<b>Date</b>



Independent Health and Aged Care Pricing Authority

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Sydney NSW 2000

Phone 02 8215 1100

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