

**Access To Information For Research  
Request Form**

**1. Date of request:**

**2. Requested by: (please provide contact information, ie: daytime phone or email)**

**3. Principal Investigator(s):**

**4. Title of study:**

**5. Study duration:**

**6. Is there more than one phase to the study?**

**Yes or No:**

**a) If yes, when will the subsequent phases of the study be conducted?**

**b) Will further data be required for subsequent phases? If so, what further data will be required?**

**7. Objectives of the study:**

**8. Specific data required:**

**a) Is health information being requested?**

**Yes or No:**

**If yes, please explain:**

**9. Will data held by a department or agency of the Manitoba government be linked/merged with data from another department or external source(s)?**

**Yes or No:**

**If yes, please state the nature of the linkage:**

**10. Will the study involve direct access to the Department of Families' clients or the public?**

**Yes or No:**

**If yes, please include copies of introductory letter(s) to the study individuals, as well as the consent forms and accompanying explanation for inclusion in the study.**

**11. Level of Intrusion:**

Please review the categories listed below in order to assess your study's level of intrusion. At the end of this list of descriptions, you will find space to enter the level of intrusion and provide a rationale for your choice.

**1. Minimal to No Intrusion:** Aggregate statistical information or person-specific information with no individual identifiers or record linkages, which could potentially identify individuals.

**2. Potential Intrusion:** Person-specific information in anonymized form with data linkages that create the risk of identification of individuals. Potential intrusion is to be further clarified by choosing from one of the sub-categories listed below—please notice that the degree of risk increases with the type of data linkages involved:

**2a. Minimal linkage of data—no potential for the identification of individuals:** Minimal linkage or specificity of use within the Department of Families' data, which creates no potential for the identification of individuals.

**2b. Multiple linkage of data, which may create the potential for identification of individuals:**

Multiple linkage or specificity of use within the Department of Families' data, which may create the potential for identification of individuals.

**2c. Linkage of data to other publicly available and aggregate-level data sources:**

Linkage of the Department of Families' data files to other publicly available and aggregate-level data sources (e.g., neighbourhood-level data from the census) where all individual identifiers have been removed or modified.

**2d. Linkage of data to other person-specific data files:**

Linkage of the Department of Families' data files to other person-specific data files where individual identifiers have been removed or modified, or in the case of surveys, no direct contact with the individual will be made.

**3. Moderate Intrusion:** Person-specific information such as client history, surveys or personal interviews will be used but the individuals affected will be asked for their consent prior to the disclosure of any personal information to the researcher. (Does not include cases where the population group or information falls within category **5. Highly Sensitive.**)

**4. High Intrusion:** Person-specific information involving linkage of the Department of Families' files to other person-specific files for which the researcher has access to individual identifiers without consent, for example, personal information collected in specialized programs and registry files with identifying information. (Does not include cases where the population group or information concerned falls within category **5. Highly Sensitive.**)

**5. Highly Sensitive:** Requests for information which would otherwise fall into categories 3 or 4, but where the population involved is vulnerable or dependent (e.g., persons with mental disabilities; minors) or the nature of the information is highly personal or sensitive.

**From the above-listed categories, please enter the level of intrusion that you believe your study falls into:**

**Provide a rationale for your choice of the above-noted level of intrusion:**

**12. How will the confidentiality of the data be protected by the researcher(s)?**  
Include discussion of security measures, of how the data will be destroyed, and any other issues related to protection of the data.

**13. Discuss the importance of the research in relation to the level of intrusion.**

**14. Who will be receiving study results?**

**15. Will there be any publication of the study results?**

**Yes or No:**

**If yes, a copy must be sent to the Legislation and Strategic Policy Branch,  
Department of Families, prior to publication.**

**16. Other information relevant to the submission:**

**17. Please provide:**

**a) Proof of funding for the project if applicable:**

**b) Supporting documentation for your research, i.e., proof of Ethics Committee approval, including current status if updating a project.**

## Declaration

### I declare that:

- This research complies with The Freedom of Information and Protection of Privacy Act (FIPPA) of Manitoba and The Personal Health Information Act (PHIA), where appropriate.
- This research is important enough to outweigh any invasion of privacy involved.
- The project ensures the security of the personal and/or personal health information and its destruction when finished; and the information requested is the minimum necessary to accomplish the purpose.
- A copy of all reports on the study will be submitted to the Legislation and Strategic Policy Branch of the Department of Families for review prior to distribution or publication, to assure that the anonymity of respondents is preserved and that any references to the Department of Families or other trustees are factually correct.
- A copy of all published reports will be provided to the Legislation and Strategic Policy Branch of the Department of Families for its records.

### Where identifiable personal and/or personal health information is requested, I declare that:

- This research cannot be done without using identifiable personal and/or personal health information.
- It is impossible or impractical to obtain consent from the people the personal and/or personal health information is about.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Person Making Request