Limited Data Set (LDS) Request Form

This form must be completed if you are requesting access to a Limited Data Set of health information of covered entity patients for research, public health, or healthcare operations activities. The use of a Limited Data Set of information is applicable if the health information required to carry out these activities excludes the individually identifiable data elements listed below. **Note that the LDS differs from de-identified health information in that a LDS may contain a) a unique identifying number, characteristic or code (e.g., a registry or study number), b) elements of dates, and c) address information including town, city, state, zip code (BUT NOT STREET NAME OR ADDRESS).**

Principal Investigator/Requestor:__________________________________________________
Project Title/Purpose:___________________________________________________________

“As the Principal Investigator, and on behalf of the research team assisting me in this study, I certify that neither my research team nor I will record, use or disclose the following subject identifiers from any health information obtained for use in the research study referenced above:

**(Review and verify that the following data elements will not be used by checking off)**

- **Names - including initials**
- **Street Name or Address**
- **Electronic mail (e-mail) addresses**
- **Web Universal Resource Locators (URLs)**
- **Health plan beneficiary numbers**
- **Vehicle Identifiers and Serial numbers**
- **Medical Device identifiers and Serial numbers**
- **Full face photographic images and any comparable images**
- **Telephone numbers**
- **Fax numbers**
- **Social Security Numbers**
- **Medical Record numbers**
- **Account numbers**
- **Certificate/License numbers**
- **Biometric Identifiers**

**(Specified Limited Data Elements Required:)**

- **Town, city, state & zip**
- **Age**
- **Gender**
- **Dates of Admission/Discharge**
- **Diagnosis**
- **Date of Birth**
- **Date of Death**
- **Other Specify ________________**

**(Method of Data Collection:)**

- **Open Record Review**
- **Administered Questionnaires**
- **Data Base Extraction**
- **Specify Other__________________**

**(Data/Study Time Ranges: From _________________to__________________)**

Principal Investigator Signature__________________________________
Date_______________

A new Limited Data Set Request Form must be submitted to permit a use other than as specified in this request or a disclosure to entities outside of SUNY at New Paltz.