biospatial User Access Request Form

Instructions

To request access to EMS data within the biospatial system, please completely fill out this form. Provide detailed justification for the type of access being requested.

Email the completed form to EMSTARS@flhealth.gov or fax to 850-488-2512.

Requestor Information

First Name: _____ **Last Name:** _____

Title: _____ **Phone:** _____

Email Address: _____

Organization Name: _____

Event Access Level Requested (Select one)

**** Select only one ****

☐ **Aggregate** (Lowest level of access)
Summary of event counts and patient demographics. Results may be filtered based on various criteria. The events displayed on a map are limited to the county level and are grouped into one total count.

☐ **Location** (Medium level of access)
All attributes of the Aggregate level, but with finer than county resolution. The user may see the specific location of individual events, but they do not have access to any other details for individual records.

☐ **Full** (Highest level of access)
All details of individual events are visible.

Data Type Requested (Select all that apply)

☐ **Emergency Medical Services (EMS)**

☐ **Motor Vehicle Crash (MVC)**

☐ **Overdose Detection Mapping Application Program (ODMAP)**

☐ **Trauma (TMA)** (Option only for internal DOH staff)

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Counties Requested (Select one)

- ☐ **All Counties in Florida**
- ☐ **Specific Counties** (please list)

Data Providers / Agencies Requested (Select one)

- ☐ **All Data Providers / Agencies**
- ☐ **Specific Data Providers / Agencies** (please list)

Detailed Justification for Access Requested (Use a separate sheet, if necessary)

Requestor Information

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The biospatial system contains HIPAA / PHI / PII data, therefore the DOH policies and procedures will be strictly followed to ensure the safe-keeping of this sensitive data. By signing below, the Requestor is certifying that they have successfully completed HIPAA / PHI / PII training and will continue to meet these requirements as outlined in DOHP 50-19-15, Access Control of Social Security Numbers.

Signature ***Date***

Full Name (Print)

Title

Email Address

Organization Management Approval

The biospatial system contains HIPAA / PHI / PII data, therefore the DOH policies and procedures will be strictly followed to ensure the safe-keeping of this sensitive data. By signing below, the Organization's Manager that is approving this request is certifying that the requestor who wants access into the biospatial system has successfully completed HIPAA / PHI / PII training and will continue to meet these requirements as outlined in DOHP 50-19-15, Access Control of Social Security Numbers.

Signature ***Date***

Full Name (Print)

Title

Email Address

INTERNAL USE ONLY

FDOH Data Manager's Initials:

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