

**FLORIDA CANCER DATA SYSTEM
CONFIDENTIAL DATA AGREEMENT
CONFIDENTIALITY PLEDGE
LIMITED CD**

ABSTRACT OF STUDY PROTOCOL OR PROJECT ACTIVITIES (RESEARCH PROPOSAL)

A. Primary Focus. State the specific health or medical problems that will be addressed using the Limited CD.

B. Objectives. State the hypotheses to be tested, if any.

B. Analyses to be performed, indicating specifically how data obtained from Florida Cancer Data System will be used.

C. Do you plan to produce any reports or publications?

Yes

No

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Please list **ALL** people who will have access to the data on the Limited CD.

Please note: this list MUST be comprehensive, anyone who will have access to the data must be listed and their confidentiality pledge must accompany this application. If you add anyone to the list in the future, please submit their confidentiality pledge along with their name, credentials, title and organization on company letterhead along with your data request number. It is the requestors responsibility to make sure that their application is kept up to date.

Name & credentials

Title

Organization

**FLORIDA CANCER DATA SYSTEM
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Requestor Name

Requestor Credentials

Requestor Organization

Please send the CD to the following address:

Phone _____

Fax: _____

Email: _____

Please mail the original above completed form along with a check or purchase order in the amount of \$500 (per CD requested) to:

**Jill MacKinnon
Re: CD Purchase
Florida Cancer Data System
PO Box 016960 (D4-11)
Miami, FL 33101**

Unauthorized release of information which would identify an individual patient represented by a cancer case reported and released to the applicant is punishable as provided in Section 119.10(1) and (2), Florida Statutes.

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Please note: anyone with access to the data must completely fill out the Confidentiality Pledge

Section 385.202, F.S. states that the material in the Statewide Cancer Registry shall be used or published “*only for the purpose of advancing medical research or medical education ... In all events, the identity of any person whose condition or treatment has been reported and studied shall be confidential, ...*”

Therefore, I agree to the following provisions:

1. The certified CD for the specified years obtained from the Florida Cancer Data System, Department of Health, will be used only for research and statistical purpose. No data will be published or released in any form where a particular individual or establishment therein described can be directly or indirectly identifiable. Furthermore, the information derived from this data will not be used as a basis for legal, administrative or other actions against any individuals or establishments.
2. Information obtained from these certified CDs will not be released to anyone or any other institution without prior written approval by the Florida Cancer Data System (FCDS).
3. These certified CDs will not be copied or converted to other formats for further distribution or resale, and will be returned to the Department if no further use is to be made of it.
4. Record linkage leading to patient identification is strictly prohibited. Under no circumstances will any effort will be made to learn the identity of any person whose cancer data is contained in the supplied file(s).
5. If the identity of any person is discovered inadvertently, then the following should be done:
 - a. No use will be made of this knowledge
 - b. The Florida Cancer Data System will be notified of the incident.
 - c. No one else will be informed of the discovered identity.
6. A copy of any and all reports, articles and publications resulting from the use of these data will be submitted to FCDS.

Furthermore, in addition to the provisions ensuring the confidentiality of patients diagnosed with cancer; I agree to add the following statement to any and all reports, articles or other publications based on these data:
“The Florida cancer incidence data used in this report were collected by the Florida Cancer Data system under contract with the Department of Health (DOH). The views expressed herein are solely those of the author(s), and do not necessarily reflect those of the contractor of DOH”.

I have read and understand the implications of the above.

Subscribed and sworn before me

This _____ day of _____ 20____.

Notary Public, Name and Seal

Signature

Name

Organization

Title

Date