

SPARCS Program  
New York State Department of Health  
Corning Tower, Room 1984  
Albany, New York 12237

Submit completed amendment applications by  
creating a ticket here:  
<https://sparcssupport.zendesk.com/hc/en-us>

Website: <http://www.health.ny.gov/statistics/sparcs/>

**Note:** Before completing your amendment request, review the [SPARCS Data Governance Policy and Procedure Manual](#), [Data Dictionary](#), and the [SPARCS Knowledge Library](#) for information on the application process and available data elements.

**Instructions: All applicants must complete Sections 1-5, Section 11, and the Signature page. Other sections must be completed based on selection(s) in Section 5.**

## 1. REQUESTER INFORMATION

Provide contact information for the person submitting this amendment application. Note, only approved contacts can submit a request for amendment.

Contact Person Name & Title	
Email Address	
Phone Number	
Organization	
Date of Request	

## 2. OTHER APPLICATIONS

List any other current or previous SPARCS applications approved for your organization or Project Director.

SPARCS ID Number	Project Title	Original Expiration Date	Final Expiration Date (if different)

**3. ORIGINAL APPLICATION APPROVAL INFORMATION**

Provide the information below as it was at the time of your original, or most recent amendment, approval.

<b>Application ID</b>													
<b>Project Director Name &amp; Title</b>													
<b>Organizational Representative Name &amp; Title</b>													
<b>Chief Information Security Officer (CISO) Name</b>													
<b>Name of Study/Project</b> (Must match original approval)													
<b>Data Type(s) &amp; Years</b>	<input type="checkbox"/> Inpatient: <input checked="" type="checkbox"/> Outpatient <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Department:</li> <li><input type="checkbox"/> Outpatient Services:</li> <li><input type="checkbox"/> Ambulatory Surgery:</li> </ul> <input type="checkbox"/> Mortality Indicators:												
<b>Extractions</b>	<input type="checkbox"/> Patient County of Residence <input type="checkbox"/> Hospital County <input type="checkbox"/> Age <input type="checkbox"/> Gender <input type="checkbox"/> Hospital Permanent Facility Identifier (PFI)												
<b>Identifying Element Categories</b>	<table border="0"> <tr> <td><input type="checkbox"/> N/A Limited Research File</td> <td><input type="checkbox"/> Patient Record Numbers</td> </tr> <tr> <td><input type="checkbox"/> Dates</td> <td><input type="checkbox"/> Encrypted</td> </tr> <tr> <td><input type="checkbox"/> Patient Date of Birth</td> <td><input type="checkbox"/> Unencrypted</td> </tr> <tr> <td><input type="checkbox"/> Patient Address</td> <td><input type="checkbox"/> Patient Policy Numbers</td> </tr> <tr> <td><input type="checkbox"/> Unencrypted UPI</td> <td><input type="checkbox"/> Encrypted</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Unencrypted</td> </tr> </table>	<input type="checkbox"/> N/A Limited Research File	<input type="checkbox"/> Patient Record Numbers	<input type="checkbox"/> Dates	<input type="checkbox"/> Encrypted	<input type="checkbox"/> Patient Date of Birth	<input type="checkbox"/> Unencrypted	<input type="checkbox"/> Patient Address	<input type="checkbox"/> Patient Policy Numbers	<input type="checkbox"/> Unencrypted UPI	<input type="checkbox"/> Encrypted		<input type="checkbox"/> Unencrypted
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<input type="checkbox"/> Unencrypted UPI	<input type="checkbox"/> Encrypted												
	<input type="checkbox"/> Unencrypted												
<b>Organization Name</b>													
<b>Organization Address</b>													
<b>Application Approval Date</b>													
<b>Data Lease Expiration Date</b>													

#### 4. CURRENT PROJECT STATUS

4a. Indicate what data year(s) from your original application have been received.

4b. Describe work accomplished to date on this project.

4c. Have the results (in part or in whole) of your current project been published?

- No
- Yes, provide details including format of results (extract, summary, etc.), date of publication, copies of the publication citation, and any conclusions drawn in the publication.

#### Attestation

- Check here to indicate that any publications associated with this application have been included.

#### 5. AMENDMENT REQUEST

Indicate the type(s) of amendment you are requesting. Check all that apply. If your amendment does not fall into one of these categories, please contact the SPARCS program to discuss your request.

- Change of Project Director (Complete Section 6)
- Change in Project Director Organization (Complete Section 6 & 7)
- Change in Location of Data Storage (Complete Section 7)
- Change to Project Scope (Complete Section 8), including:
  - Change in Years of Data
  - New Data Linkages to Publicly Available Sources
  - Addition of New Research Scope
  - Change in Data Dissemination or Publication Plan
- Addition of External Partners (Complete Section 9)
- Request Data Lease Extension (Complete Section 10)

**6. CHANGE IN PROJECT DIRECTOR OR PROJECT DIRECTOR ORGANIZATION**

Fill out the information below for the proposed Project Director. If the Project Director is remaining the same and the organization is changing, write N/A under the Name, Email, and Phone Number fields.

A request to change the Project Director must be made by the original Project Director. You must include the name of the new Project Director, their Curriculum Vitae (CV), and a signed Individual Data Use Agreement. If the original Project Director is no longer available, the Organizational Representative who co-signed the approved application may make the request.

<b>Name &amp; Title</b>	
<b>Email Address</b>	
<b>Phone Number</b>	
<b>Organization</b>	
<b>Organization Address</b>	

- (For Project Director Change) Check here to indicate that the Curriculum Vitae (CV) for the proposed Project Director has been included.
- (For Project Director Change) Check here to indicate that an Individual Data Use Agreement for the proposed Project Director has been included.
- (For Organization Change) Check here to indicate that an Organizational Data Use Agreement for the new organization has been included.
- (For Organization Change) Check here to indicate that a Security Guideline for the new organization has been included.

## 7. CHANGE IN LOCATION OF DATA STORAGE

Fill out the information below for the proposed data storage location. Data cannot be moved from the original approved location until this amendment has been approved.

7a. Will the data be stored/hosted within your organization's computing center (on-premises computing)?  
 Yes       No

7b. Indicate the contractor, cloud-storage entity, or other location(s) where the data will be stored or hosted.

**Name of Organization or  
Cloud-storage Entity:**

**Note:** Cloud-storage providers themselves (e.g., AWS, Microsoft) do not have to sign Organizational Data Use Agreements or Security Guidelines. Your organization must attest that your organization's cloud-storage contract has the security requirements listed in the Security Guidelines.

### 7c. Data Security

Summarize the safeguards that exist or that will be implemented to ensure that the SPARCS data is kept secure and confidential during processing and storage. These safeguards must align with the SPARCS Security Guidelines. You must complete a new Security Guidelines document and submit it with your amendment application.

### 7d. Data Storage

Indicate whether SPARCS data will be stored at a location or on a network controlled by an entity other than your organization.

If yes, a separate Organizational Data Use Agreement is required from the entity storing SPARCS data, and you must provide a description of how the data will be protected and secured in the proposed storage location.

- No
- Yes

Name of Organization:

#### Data Security Description

Describe how data users will access the data. For example, if via Virtual Private Network (VPN), who owns or manages the VPN? What devices can access the VPN? What level of encryption is used.

### Attestations

- Check here to indicate that a new Security Guidelines document has been included.
- (If needed) Check here to indicate that an Organizational Data Use Agreement has been included.

**8. CHANGE IN PROJECT SCOPE**

Your revised project scope must utilize the same data already approved and/or provided in your original approval. If the change in project scope requires new data to be supplied, you must submit a new application.

If you are requesting a change to the scope of an approved project utilizing identifiable SPARCS data, your amendment request must include evidence of patient consent to conduct the revised research or an IRB-approved waiver of patient consent or finding of exemption. Provide a copy of your consent instrument or IRB determination and updated research protocol for review.

**8a. Revised Scope**

Refer to your prior approved project scope and indicate via tracked changes (or other marking) where the proposed amendment will differ from the approved research.

**8b. Change Description**

Summarize how your proposed scope varies from your original request.

**8c. Years of Data (If Applicable)**

Indicate what additional years you would like to request.

Data Type Requested	Current Approved Year(s)	Additional Year(s) Requested
<b>Inpatient</b>		
<b>Outpatient</b>		
<b>Mortality Indicators</b>		

Why are additional data years being requested? If applicable, how will additional years change your research question(s)?

By default, the previously approved years of data for your project will retain their original end date. If you need to keep this data beyond the original end date due to this additional data request, please specify the additional amount of time needed and provide a justification below.

**8d. Linkages (If Applicable)**

If you would like to add linking to a publicly available dataset, indicate which, and submit a copy of your approval to link the data to SPARCS.

Identify the data source(s) and the output file including the data elements available:

Data Source Name	Brief Description (include how you plan to join with SPARCS)	Source Type	Data Dictionary
		<input type="checkbox"/> Own/Steward <input type="checkbox"/> Public <input type="checkbox"/> Purchased	<input type="checkbox"/> Attached <input type="checkbox"/> URL:
		<input type="checkbox"/> Own/Steward <input type="checkbox"/> Public <input type="checkbox"/> Purchased	<input type="checkbox"/> Attached <input type="checkbox"/> URL:
		<input type="checkbox"/> Own/Steward <input type="checkbox"/> Public <input type="checkbox"/> Purchased	<input type="checkbox"/> Attached <input type="checkbox"/> URL:
		<input type="checkbox"/> Own/Steward <input type="checkbox"/> Public <input type="checkbox"/> Purchased	<input type="checkbox"/> Attached <input type="checkbox"/> URL:
		<input type="checkbox"/> Own/Steward <input type="checkbox"/> Public <input type="checkbox"/> Purchased	<input type="checkbox"/> Attached <input type="checkbox"/> URL:

**8e. Data Dissemination (If Applicable)**

Indicate any changes from the original approved application for the items below. If there are no changes, leave this section blank.

How do you intend to disseminate findings from your research? Indicate where you plan to disseminate findings and in what form (papers, reports, news articles, peer-review journals, conferences, website, etc.):

Do you intend to re-release the dataset in total or subset?

- No
- Yes. Indicate what you plan to re-release and to whom:

**Attestations**

- Check here to indicate that a copy of the original approved project scope has been edited to clearly show the requested changes and that it is included.
- (If Identifiable request) Check here to indicate that patient consent instrument or an IRB determination for your revised research plan has been included.

## 9. ADDITION OF EXTERNAL PARTNERS

If you are hosting/storing data with a contractor, or you have research project partners at different organizations and they will be hosting/storing/keep any data at their organization, these parties must submit an Organizational Data Use Agreement (DUA) and Security Guidelines. If external research partners will be accessing data via a VPN to your organization (or cloud) and cannot save/keep any data at their organization, they do not need to sign Organizational Data Use Agreements or Security Guidelines.

### Proposed External Partner Information

<b>Organization Name</b>	
<b>Address</b>	
<b>Relationship to Primary Organization (contract, MOU, etc.)</b>	

### User Information

Complete for all users at the proposed organization.

<b>Number of Users Being Added</b>	
<b>Names of Users Being Added</b>	

### External Organization Signature

I affirm that I am authorized to contract on behalf of the entity listed in Section 9 of this data request application, and that the New York State Department of Health may reasonably rely on my signature as evidence of the requesting entity's assent to the terms of this SPARCS data request and all associated documents, agreements, and requirements.

Signature of Organizational Representative: \_\_\_\_\_  
Must be authorized to legally bind the organization.

Printed Name and Title: \_\_\_\_\_

### Attestations

- Check here to indicate that an Organizational DUA for the proposed external partner has been included.
- Check here to indicate that a Security Guideline document for the proposed external partner has been included.
- Check here to indicate that Individual DUAs for all users under the proposed external partner have been included.

**10. DATA LEASE EXTENSION**

Unless otherwise requested, your project will retain its original (or previously approved) expiration date. Complete the information below if you'd like to extend your expiration date.

New data years are released approximately six months after the end of the calendar year. For example, calendar year 2025 data will likely be available starting in June 2026. A standard data lease is two years after the last year of data is released. In this example, the data release would end June 2028.

**Proposed Extension Information**

<b>Original Expiration Date</b>	
<b>Additional Time Requested (in years)</b>	

**Justification for Additional Time**

## 11. RE-ATTESTATIONS

Please indicate below that you understand and will continue to comply with SPARCS Program policies concerning any data released as a result of this amendment request.

### a. Cell Size

The Department has adopted [CMS' small cell size policy](#), which stipulates that no cell (e.g., admissions, discharges, patients) with a value of 10 or less may be displayed to anyone without an executed individual DUA on file. No percentages or other mathematical formulas may be used if they result in a cell value of 10 or less.

- Check this box to confirm that you will comply with the SPARCS cell size policy.

### b. Data Destruction Policy

You are required to destroy/return all data and derivatives at the end of your project or date of expiration. Upon completion of the project or expiration of the data, you must submit a certification of destruction letter. By signing this application, you indicate that you understand and agree to abide by these requirements.

- Select this box to indicate agreement.

### c. Destruction of Received Identifying Elements

All identifying elements must be deleted after linking or geocoding has been performed. Check boxes as appropriate below.

- The original approval of this application did not include identifying elements.
- The identifying elements provided as part of the original approval of this application have been deleted in accordance with SPARCS policy.

### d. Data Use

If granted permission to use SPARCS data you must follow the security guidelines, individual data use agreement, organizational data use agreement, publication guidelines, and other SPARCS policies. The data can only be used for the sole purpose(s) indicated in the original application or this amendment. The data may not be used to attempt to identify individual patients.

- Check this box to acknowledge receipt of the data use policy documents outlined above and confirm that you will comply with SPARCS policy.

### e. Data Sharing

- Except for approved publications, the data will not be shared with any person or entity unless they have an Individual DUA on file with the New York State SPARCS program and have been approved.

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**f. Publications**

- Check this box to confirm receipt of the New York State SPARCS Program [publication guidelines](#), and agreement to these terms.
- Check this box to confirm that any results published to date for this project were submitted to the New York State SPARCS Program and approved prior to publication.

**g. Current Data Users**

- Check this box to confirm that a list of all current users under this application has been included in your amendment request.

**h. Institutional Review Board (IRB) Protocol and Approval**

- (If an amendment to an identifiable research file.) Check this box to confirm that an IRB protocol and approval/exemption letter outlining the change has been included in your amendment request.

**SIGNATURES**

**A. PROJECT DIRECTOR**

I understand that while data is in my possession SPARCS maintains the right to request quarterly statements describing how the requested information has been used, descriptions of any and all releases of the information including identification of who received the information, data elements released, and purpose of the release.

Signature of Project  
Director:

\_\_\_\_\_   
This person must approve all individual DUAs.

Printed Name and Title:

\_\_\_\_\_   
If you are a student, have your professor, or advisor, sign below indicating that the data is needed for a course, or your curriculum.

Signature and Title of Professor or Advisor:

\_\_\_\_\_   
Signature

\_\_\_\_\_   
Title

**B. ORGANIZATIONAL REPRESENTATIVE**

I affirm that I am authorized to contract on behalf of the entity listed in this data request application, and that the New York State Department of Health may reasonably rely on my signature as evidence of the requesting entity's assent to the terms of this SPARCS data request and all associated documents, agreements, and requirements.

Further I acknowledge that if the above listed Project Director were to leave my organization, I am responsible for the oversight of this project until a new Project Director can be approved.

Signature of Organizational Representative: \_\_\_\_\_   
Must be authorized to legally bind the organization.

Printed Name and Title: \_\_\_\_\_