

## Ministry of Health INFORMATION REQUEST FORM Knowledge Management and Technology Division

VITAL STATISTICS AGENCY

PART I	VSA PROJECT #
Requester Informat	ion
Name:	Title:
Organization:	
Address:	
Phone:	Fax:
Data Required	
	related to:  Birth  Death  Marriage  Change of Name
b) Which year/ye	ars do you need? (or from to)
c) How often are	data required?
☐ Monthly	☐ Quarterly ☐ Annually ☐ One time only
d) Data elements	required:
-	data are being requested (describe briefly)
Purpose:	

## Part II

## Vital Statistics Data Release Policy

Vital Statistics data containing personal information are only released where clear legislative authority for the release of the data exists in an Act of the British Columbia Legislature and the release of the data does not conflict with the Protection of Privacy Provisions of the FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT.

Data are only released on the basis of a completed data request, signed by the requester and approved by the Chief Executive Officer of Vital Statistics.

Fees are charged by the Agency on a cost recovery basis. The fee schedule in accordance with Regulations, under Sections 36(4), 37(2), 38(3) or 39(1) of the Act, is as follows:

- data extract by standard format; \$200/month, \$300/quarter or \$500/year
- b) specially developed data extract; minimum \$300 (\$1.10 per record over 300 records)
- charges for electronic matching process of \$2,000 setup with \$1.10 per matched record

## PART III Agreement

I,, re	presenting
hereby agree to the following conditions in requesting the recontaining personal identifiers.	elease of British Columbia Vital Statistics Agency data
<ul> <li>That the data will be used only by myself or the staff of which it was requested;</li> <li>That all individuals accessing data provided will have to the term of the the term of the term of</li></ul>	aken an oath of confidentiality; orized access to the data; the project or when the requirements for obtaining the
That agreed to fee will be paid upon approval of the rel-	ease of the data.
Signature	Date
PART IV Office Use Only	
Date received:	
Legislative Authority for release of data:	
☐ Approved ☐ Not Approved	
Chief Executive Officer	 Date