During the COVID-19 Pandemic, the Bureau of Health Statistics and Registries (BHSR) developed and implemented an Application for Access to Protected Data (Application) for the release of data for decedents whose death was attributed to COVID-19. The Application was developed for the release of data to coroners and medical examiners as authorized under Section 806 of the Vital Statistics Law (VSL) to support their official duties in response to the pandemic.

Since development of the Application, BHSR has determined that there is ongoing value in making available to coroners and medical examiners data for decedents whose deaths are attributed an infectious disease constituting a pandemic. For this reason, BHSR has developed a modifiable application for use by BHSR, coroners, and medical examiners during similar public health events in the future. A sample of this application is included in this State Registrar Notice.

BHSR will customize the application for a declared pandemic and will then notify coroners and medical examiners of the application process within 10 days of a declared pandemic. For purposes of the application, a declared pandemic is a pandemic declared or recognized by the Governor or Pennsylvania Department of Health. Applications will expire at the end of the calendar year during which the pandemic was declared and will need to be renewed by the coroner or medical examiner to continue to receive the data in the upcoming calendar year. Coroners and medical examiners that have completed the application and any necessary renewals will continue to receive data until the pandemic declaration has expired.

Upon acceptance of a submitted application, BHSR will notify each coroner or medical examiner how the data will be transmitted.

**Contact Information:**

Vital Events Stakeholder Hotline
Phone: 800-323-9613
Email: ra-dhProtectedData@pa.gov
Coroners and Medical Examiners
Application for Access to Protected Data:
Deaths Attributed to a Pandemic

This application is intended to support the sharing of data between the Pennsylvania Department of Health (Department) and coroners and medical examiners related to deaths attributed to [Enter Name of Disease] during calendar year(s) [Enter Year]. Upon completion of this application, a county coroner or medical examiner’s office (Applicant) will receive data for deaths that occurred within their respective county and for data for deaths where the decedent’s residency is listed for their respective county. The county coroner or medical examiner may only use the data as needed to perform the official duties of the coroner’s or medical examiner’s office.

The case level data that is distributed to the Applicant by the Department is confidential under 35 P.S. § 521.15 and the Applicant is required to maintain the confidentiality and security of the data received. The data file will be transmitted by the Department to the Applicant in a secure method. Each Applicant will need to identify one employee to receive credentials from the Department to manage the download of the data. The Applicant must provide a list of employees that will have access to the data shared under this application.

The undersigned hereby agrees to the following terms and conditions related to this application and to the use of data obtained from the Department.

- The identifiable data received by the Applicant from the Department shall be used only for the official duties of the Applicant as those duties relate to the [Enter Name of Pandemic] pandemic. Use of the information for a project or purpose other than the Applicant’s response to the [Enter Name of Pandemic] pandemic is not authorized.
- The Applicant shall be prohibited from releasing a Decedent’s name for any purpose.
- The Applicant shall be prohibited from releasing any aggregate data which may reasonably lead to the identification of a decedent.
- The Applicant shall only release aggregate data received from the Department if the release is necessary to perform the official duties of the Applicant.
- Disclosure prohibited by the terms of this application is subject to penalty, prosecution and fine pursuant to 35 P.S. § 521.20.

The data to be shared with the Applicant upon completion of this application is as follows:

<table>
<thead>
<tr>
<th>Field</th>
<th>Data Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDRS Case ID</td>
<td>Type of Place of Death</td>
</tr>
<tr>
<td>Date of Death</td>
<td>Facility Name for Place of Death</td>
</tr>
<tr>
<td>Decedent’s name</td>
<td>Manner of Death</td>
</tr>
<tr>
<td>Decedent’s age</td>
<td>Cause of Death – Part I and Part II</td>
</tr>
<tr>
<td>County of Residence</td>
<td>Test Result – [Enter Type of Test Result]</td>
</tr>
</tbody>
</table>

County Coroner’s or Medical Examiner’s Information:

NAME (TYPED OR PRINTED)

Email Address

Signature

Date Signed

FREQUENCY OF DATA SHARING

Indicate the frequency in which you are requesting to receive the data:

☐ Daily  ☐ Weekly  ☐ Monthly
EMPLOYEES AUTHORIZED TO ACCESS PROTECTED DATA

Any employee of the Applicant that will be accessing the data shared under this application must complete and sign this section. The undersigned employee agrees to the terms and conditions described in this application. If additional space is needed, attach a separate page containing the names, titles, signatures and date signed for each additional employee.

**Employee to be Issued Credentials for Downloading the File** – If no employee is listed, the credentials will be issued to the coroner or medical examiner listed on page 1 of this application.

__________________________________________
NAME (TYPED OR PRINTED)

__________________________________________
Email Address

__________________________________________
Signature

__________________________________________
Date Signed

**Other Employees to Access this Data:**

__________________________________________
NAME (TYPED OR PRINTED)

__________________________________________
NAME (TYPED OR PRINTED)

__________________________________________
Email Address

__________________________________________
Email Address

__________________________________________
Signature

__________________________________________
Signature

__________________________________________
Date Signed

__________________________________________
Date Signed

**Return the completed application to RA-DHPROTECTEDDATA@pa.gov**