

# PHA Checklist

Ensure you check with the CHHHS [Data Custodian](#) to see if the data you require is available and if there are any retrieval costs involved.

**ATTACH THIS CHECKLIST PHA TO YOUR HARD COPY SUBMISSION**

*If you have been granted a waiver of consent, you may be covered under the Hospital & Health Board's Act (2011) OR you may need to gain a Public Health Act (2005) (PHA) approval.*

If you are a "designated person" and can confirm that no identifiable 'confidential information' (defined in s139 of the Hospital and Health Board's Act 2011) is being disclosed to any person who is not a 'designated person' (also defined in s139 of that Act) and that each and every disclosure of 'confidential information' to 'designated persons' is for the purpose described in s150 of the Hospital and Health Board's Act 2011, being evaluating, managing, monitoring or planning 'health services' (defined in s150 of that Act) then you would not have to rely on Public Health Act Approval as an exception to the duty of confidentiality.

### Useful links:

- [When to make a Public Health Act \(PHA\) application](#)
- [Apply for information under the Public Health Act 2005](#)
- [Research Capacity Building Training \(RCBT\) Programme](#) - Week 9 Requesting health data for research.

Item	Yes	No	
Are you gaining consent from the patient / participant/s for <u>all</u> aspects of your research?	<input type="checkbox"/>	<input type="checkbox"/>	PHA approval is not required.
Have you been granted a <i>waiver of consent</i> by the HREC to collect confidential data without the participant's consent for some or all your research?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you contacted the PHA office to ascertain if you need PHA approval? <a href="mailto:PHA@health.qld.gov.au">PHA@health.qld.gov.au</a>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you a CHHHS employee? (If you are, then you <b>may</b> be classed as a "Designated Person" under the Act.) Is the data you are seeking related to the current role that you perform in the CHHHS?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, you <b>may not</b> need PHA approval. Contact the RGO.
Are all the researchers CHHHS employees? (If so, they <b>may</b> be classed as "Designated Persons" under the Act)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, you <b>may not</b> need PHA approval. Contact the RGO.
Are you a CHHHS employee and doing the research as part of a post graduate degree at a university?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, you may need PHA approval.
Are you providing the Uni/external party with any "identifiable" Confidential patient information? Is the patient identifiable from the data you provide?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, you may need PHA approval.
Are you collaborating with any external entity in any capacity for this research?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, you may need PHA approval.
Are you providing an external entity/employee with any "identifiable" confidential information that can identify a patient? <i>This includes but is not limited to:</i> <ul style="list-style-type: none"> <li>• A Researcher external to CHHHS.</li> <li>• A CHHHS Employee doing a post graduate degree through a University.</li> <li>• Collaboration with external entity, a university, other gov department, not for profit entity.</li> <li>• Data analyst/statistician is external to CHHHS.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	If yes to any of these, you may need PHA approval.

# Health Related Data Access Process

