**Pre-Application Request for Maryland Medical Claims Data**

This pre-application is only for evaluation for access to the standard extract. Please send the completed pre-application to mhcc.datarelease@maryland.gov

**Project Information**

|  |  |
| --- | --- |
| **Project Title** |  |
| **Date of the Request** |  |
| **Organization Requesting the Data** |  |
| **Contact Person** |  |
| **Title** |  |
| **E-mail** |  |
| **Phone Number** |  |
| **Address** |  |
| **Project Period** |  |

Please include a 1-2 page attachment which describes the project goal, objectives, analysis, and output reports or product to be derived from the requested data. The project description must explain why the project justifies use of this sensitive data as well as your ability to protect the data.

**Attestation for Main Application**

MCDB standard extract data include protected health information (PHI) and/or personally identifiable information (PII). Under HIPAA, PHI and PII may only be released in limited circumstances for public health, health care operations and research purposes. I understand that I am required to submit a detailed application that includes the intended scope of the project, rationale for the need for this data and level of privacy, specific fields requested, analytic plan, term of the project, list all expected users (internal and external), qualifications of users, expected products, and plans for dissemination of data or results in the main application. I understand the data security infrastructural needs for working with large claims datasets which include PHI and/or PII, and my organization has the necessary data security infrastructure to maintain and use this type of data.

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 **Applicant name Signature Date**