

PHA Checklist

Please contact Health Information Services (CHHHS-HIS@health.qld.gov.au) to check whether any further approvals are required.

Please upload the response from HIS as part of the SSA.

ATTACH THIS CHECKLIST PHA TO YOUR HARD COPY SUBMISSION

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"/>	If yes, PHA approval is not required.
Have you been granted a <u>waiver of consent</u> 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? PHA@health.qld.gov.au	<input type="checkbox"/>	<input type="checkbox"/>	
If the answer is yes to any of the below questions, please contact CHHHS Health Information Services to check whether any further approvals are required.			
Are you a CHHHS employee? (If you are, then you <u>may</u> 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 <u>may not</u> need PHA approval.
Are all the researchers CHHHS employees? (If so, they <u>may</u> be classed as "Designated Persons" under the Act)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, you <u>may not</u> need PHA approval.
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"> A Researcher external to CHHHS. A CHHHS Employee doing a post graduate degree through a University. Collaboration with external entity, a university, other gov department, not for profit entity. Data analyst/statistician is external to CHHHS. 	<input type="checkbox"/>	<input type="checkbox"/>	If yes to any of these, you may need PHA approval.

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.



COMPASSION



ACCOUNTABILITY



RESPECT



INTEGRITY



Health Related Data Access Process

