



McMaster University
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☎ 905-296-4811

OPRC Data Request Form

Data requests to the Ontario Physician Reporting Centre (OPRC) are subject to OPRC's [Data Access and Release Policy](#). In filling out this form, the requestor is acknowledging the policy and agreeing to its terms.

SECTION A – Requestor Information

Name:

Email:

Telephone:

Organization:

Position/Title:

SECTION B – Request Information

Topic (please check the best option):

- Physicians In Ontario
- Postgraduate Medical Trainees in Ontario
- Other:

Type of data:

- Aggregate
- Record-level*
- To be determined*

***Permission:** Do you already have permission or data sharing agreements in place with OPRC and / or the relevant OPRC data partners (e.g., medical schools, CPSO, MOH, ICES, hospitals)?

- Yes
- No
- Other: Please elaborate

Note: OPRC is obligated to comply with the terms of its data sharing agreements with its partners. Requests for sensitive or record-level data necessitate obtaining permissions or agreements with OPRC's data partners.

Please be as detailed as possible in answering the following questions.

Purpose of Request: Please provide: (1) an overall description of the data requested, (2) the objectives you are trying to meet with this data and (3) who will benefit from this information.

Data Elements: What specific data elements are you requesting? Please refer to these links for available data elements:

<https://physicianreporting.org/pio/physician-data-elements/>

<https://physicianreporting.org/pmtio/postgraduate-data-elements/>

Usage: How will this data be used? Will the requested data be linked to outside sources? If yes, please describe.

Plan for disseminating results: Who will have access to this data? Will it be used for internal or external publication and/or reporting? How will it be stored?

SECTION C – Declarations and Acknowledgements

Declarations

- I certify that, to the best of my knowledge, the information provided in this form is true and complete. In submitting this form, I am agreeing to the terms of OPRC’s Data Access and Release Policy supporting compliance with the [Freedom of Information and Protection of Privacy Act](#) and related [privacy protection policies](#). I understand that a complaint may be made to the requesting organization and/or the Information and Privacy Commissioner/Ontario if the information provided herein is not true and complete.
- I understand that if my request is approved, I or my organization may be subject to a cost recovery fee prior to the release of information. [OPRC will communicate cost information once the data request has been evaluated.]
- I understand that this data and information is confidential and cannot be shared or published without permission from OPRC.
- I understand that if my request is for sensitive and/or record-level data, provision of the information may be subject to the signing of a Data Sharing Agreement (DSA), which would prohibit the information from being used for purposes other than the approved purpose, may require the information to be kept confidential and will contain other terms and conditions.

Signature of Requester: _____

Date: _____

Please send the completed form to Administrator@PhysicianReporting.org

Data requests will be reviewed as quickly as possible and you may be contacted to seek further information or clarification, and to be provided with an estimated turnaround time and any potential costs associated with the data request.