# Request to Grant Health System Trauma Registry Content Rights to Individual Registrars

## Instructions

Use the form below to request that an individual trauma registrar (or registrars) of a hospital system be given access to the trauma registries of the hospitals in the health system. In doing so, the registrar(s) will have access to all of the data contained in the hospitals’ trauma registries at the permission level assigned to them by the system. The permission group to which they are currently assigned is the same level of access they will have to all hospitals’ registries to which they are assigned. Ensure that the person signing this request is authorized to do so.

* [SYSTEM] is the health system employing the registrar(s) that require access to the trauma registries.
* [NAME] is the name of the party to whom you wish to grant access.
* [TITLE/ROLE/POSITION] is that party’s role at their facility, such as *Trauma Program Manager, Director of Nursing, CEO,* etc.

Provide the information contained within brackets [ ] on page 2.

Return page 2 of this application to the MDH trauma system by U.S. Mail or email:

**U.S. Mail:**

Statewide Trauma System

MDH/ORHPC

PO Box 64882

St. Paul, MN 55164-0882

**Email:**

[health.trauma@state.mn.us](mailto:health.trauma@state.mn.us)

Contact the MDH trauma system with questions about this form or content rights in general: 651-201-4147

## Application

[SYSTEM] requests that [NAME], [TITLE/ROLE/POSITION], be granted full access to [SYSTEM] hospitals’ trauma registries in perpetuity until such time that [SYSTEM] or any individual hospital within the System rescinds this request. [SYSTEM] or any individual hospital within the System may rescind this request at any time by serving written notice upon MDH trauma system staff. [SYSTEM] includes the following hospitals:

[LIST SYSTEM HOSPITALS]

The undersigned herby certifies they are the appropriate person to execute this Request on behalf of [SYSTEM] and have executed this Request pursuant to the express authority granted to them to enter into this Request on behalf of [SYSTEM] or as otherwise required or authorized by its applicable articles, bylaws, resolutions, or ordinances.

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Printed Name

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Signature

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Title

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Date