# REQUEST TO GRANT TRAUMA REGISTRY CONTENT RIGHTS

## INSTRUCTIONS

Use the form below to request that an employee of another facility be given access to your hospital’s trauma registry. In doing so, the other party will have access to all of the data contained in your trauma registry at the permission level assigned to them by their own facility. You are unable to specify that person’s level of access to your registry data. The permission group they currently have at their own facility is the same level of access they will have to your registry. Ensure that the person signing this request is authorized to do so.

Provide the information contained within brackets [ ].

* [HOSPITAL1] is your facility.
* [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.
* [HOSPITAL2] is the hospital employing the registrars that require access.

Return page 2 of this application to the MDH trauma system by U.S. Mail or by scanning and emailing it.

**U.S. Mail:**

Statewide Trauma System

MDH/ORHPC

PO Box 64882

St. Paul, MN 55164-0882

**Email:**

health.trauma@state.mn.us

Contact the MDH trauma system coordinator with questions about this form or content rights in general: 651-201-3841

## Application

[HOSPITAL1] requests that [NAME], [TITLE/ROLE/POSITION] at [HOSPITAL2], be granted full access to [HOSPITAL1]’s trauma registry in perpetuity until such time that [HOSPITAL1] rescinds this request. [HOSPITAL1] may rescind this request at any time by serving written notice upon MDH trauma system staff.

The undersigned herby certifies they are the appropriate person to execute this Request on behalf of [HOSPITAL1], and have executed this Request pursuant to the express authority granted to them to enter into this Request on behalf of [HOSPITAL1] 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