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

## Instructions

Use the form below to request that all trauma registrars of a hospital system be given access to your hospital’s trauma registry. In doing so, the system registrars will have access to all of the data contained in your hospital’s trauma registry at the permission level assigned to them by the system. You are unable to specify that person’s level of access to your registry data. 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.

* [HOSPITAL] is your hospital.
* [SYSTEM] is the health system employing the registrars that require access to your hospital’s trauma registry.

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 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](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

[HOSPITAL] requests that all current and subsequent trauma registrars [SYSTEM], be granted full access to [HOSPITAL]’s trauma registry in perpetuity until such time that [HOSPITAL] rescinds this request. [HOSPITAL] 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 [HOSPITAL], and have executed this Request pursuant to the express authority granted to them to enter into this Request on behalf of [HOSPITAL] 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