|  |  |  |  |
| --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | |
| Conditions of publication | | | |
| Standard and special conditions | | | |
| **This form only applies to data requests with a publication component.**  *The below is a list of standard and special conditions that can be applied to publication of research based on the NT Information Act and the NT Health Data Release Guidelines.*  *The Data Quality & Governance Unit will tick the boxes to indicate specific conditions to be applied on publication to the request. The document will be sent to the researcher with the letter of support to be signed by the Principal Investigator.* | | | |
| As per the Deed of Confidentiality and Compliance, each member of the Project personnel must ensure that the results of any data analysis intended for publication will be published in a manner that protects the identity of individuals and individual establishments while also complying with the conditions specified in the Conditions of Publication.  I/we certify that all publications will meet the following conditions (as marked applicable by NT Health): | | | |
|  | | Counts less than 5 or rates with a denominator less than 10 shall be suppressed | |
|  | | No publication of Establishment, Hospital, Clinic, Work Unit, Division or Branch Code/Name. | |
|  | | No Individual, Organisation or Community names will be published. | |
|  | | No publication of Episode/Separation number or other unique Patient/Client identifier. | |
|  | | No publication of Country of Birth. | |
|  | | No publication of Dates, other than by Month/Year or Year. | |
|  | | Reporting on Age should be via Age Groups, or potentially Age where this is in keeping with the cell count condition. | |
|  | | Publication of geographic information should be via one of the higher level groupings e.g. (SA2 and/or ARIA ++) only. Publication at ARIA or Remoteness Area level should ALWAYS combine Outer Regional with Remote Australia to avoid potential identification of or association to particular NT hospitals. | |
|  | | Identifying or potentially identifying data at a higher degree of precision in source datasets will be converted to lowest degree of precision in linked data e.g. Date of Birth stored as MM/YYYY. | |
|  | | Where a potentiality identifying variable is not available in one source dataset but is available in another, it will be used for analysis but not published in combination with other data at a level that could identify an individual. | |
| I acknowledge that the de-identified unit record data provided for this project by the Data Custodians are Confidential Information and that I am responsible for ensuring that the information will be kept confidential and will not be disclosed to any person other than those who have signed the *Deed of Confidentiality and Compliance* attached to this Application, and the provider of the data. | | | |
| **Full name (printed)** | | |  |
|  | | | |
| **Signature** | | | |
| **Date** | | |  |
| Further information Email your completed form to [DataReleaseRequests.DoH@nt.gov.au](mailto:DataReleaseRequests.DoH@nt.gov.au) | | | |
| End of form | | | |