

Authorization to Release Data

Name of Facility/Facilities: _____

A Culture of Patient Safety Survey Participating Hospital:

The Agency for Healthcare Research and Quality (AHRQ) has established a database to serve as a national repository for data collected using AHRQ's Hospital Survey on Patient Safety Culture and certain other health care-related surveys. This database is an important resource for hospitals to compare their patient safety culture survey results with those of similar hospitals. Hospitals will not be publicly identified in the database.

The Indiana Hospital Association (IHA) is administering these AHRQ surveys through SurveyMonkey to collect and aggregate culture of survey results for Indiana hospitals. We understand the burden hospitals experience when multiple organizations request the same information. In order to alleviate some of this burden, IHA needs your authorization to allow IHA to release data to AHRQ. The contract between IHA and your facility prohibit either IHA from sharing any data with any other organization without written authorization from the hospital.

As a partner with AHRQ, IHA will receive a copy of the national database results from which IHA can build comparisons and benchmarks into reports. This will benefit your hospital by continuing to make the national comparisons available. As we collectively strive to lessen the burden of providing the same information to different entities, we would like to request your consent to share information.

Authorization to Release Data

On behalf of _____, and its facilities ("Facility"), I authorize IHA to release the below information to AHRQ. I understand that such data will identify Facility, will include survey results completed by employees but will not identify persons by name nor have any data pertaining to patients. I also understand that this authorization will remain in place throughout Facility's participation unless otherwise requested by IHA or Facility. Please initial the appropriate response:

 Yes, I consent to allow IHA to share Facility's Hospital Survey on Patient Safety Culture data and data from other AHRQ surveys with AHRQ.

 No, I do not consent to allow IHA to share our hospital's Hospital Survey on Patient Safety Culture data or data from other AHRQ surveys with AHRQ.

FACILITY:

By: _____

Name: _____

Title: _____

Date: _____