PROCEDURES FOR ACCESSING CONFIDENTIAL VITAL RECORDS FOR RESEARCH PURPOSES

Death Certificates in South Carolina are confidential documents, access to which is restricted by state law and regulation to individuals and entities entitled. However, law and regulation provide for the release of confidential data from vital records for research purposes upon terms and conditions as prescribed by the State Registrar. Current policy requires that the requestor submit sufficient documentation for the determination of release of confidential information, including a signed official Release Agreement form (DHEC form 875). Attached is a copy of the DHEC form 875, which must be completed in detail and signed by the principal research investigator or other responsible party who can guarantee, from the perspective of their institution/organization, the confidentiality of the released information. Extra sheets of paper can be attached to the Release Agreement as needed or each section of the Agreement can be expanded if completed electronically. Instructions appear on this form in “red,” and should be deleted when completing this form. The requestor must also provide a research protocol in order for the request to be evaluated. If the researcher does not have a research protocol, the attached copy entitled, “Minimum Components of a Scientific Research Protocol” may be used as a guide in developing the information that is needed to evaluate the request. If an institution IRB has approved the study, a copy of the IRB Certification must also be provided. Studies dealing with sensitive issues or involving follow-back may be referred to the DHEC IRB.

Section 7 (Special Conditions) of the Release Agreement contains “special conditions” than govern the use of the copies/data of the Certificates of Death. The “special conditions” section will be completed by this office after the evaluation of your request.

If the researcher’s application is approved, the researcher may then submit the identifying information to this office on the individuals with enough detail to allow for an adequate search of our records. There is a $12.00 search fee for each record requested. Checks should be made payable to the SC DHEC Office of Vital Records. If the record is found, a copy stamped “For Medical and Statistical Use Only” will be provided to the researcher.

Applications should be sent to Murray B. (Buddy) Hudson, MPH, Administrator, DHEC Institutional Review Board, Office of Public Health Statistics & Information Services, SC DHEC, 2600 Bull Street, Columbia, SC 29201. Phone: 803-898-3647, Email: hudsonmb@dhec.sc.gov.
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL DATA FOR RESEARCH PURPOSES:

1. RESEARCH INVESTIGATOR: (Include contact information)

2. PROJECT/STUDY TITLE:

3. NATURE OF PROJECT:

4. RECORDS INVOLVED: Death Records

5. VARIABLES INVOLVED:

6. ACTION PLANNED: (This section must be completed in detail. If you have a research protocol attach it to this release agreement and indicate in this section “See attached Research Protocol dated mm/dd/yyyy” If you do not have a research protocol, refer to the document entitled, “Minimum components of a Scientific Research Protocol.” You may use this document as a guide in completing this section.)

7. SPECIAL CONDITIONS: Office use only. (This section will specify the conditions under which the copies/data will be released and will be completed by the Office of Public Health Statistics & Information Services upon completion of the evaluation of this request.)

AUTHORIZED BY DHEC: CONDITIONS ACCEPTED BY REQUESTOR:

SIGNATURE ______________________ SIGNATURE ______________________

TITLE ________________________ TITLE ________________________

OFFICE ______________________ ORGANIZATION __________________

DATE ______________________ DATE ______________________

DHEC 875 (5/81)
MINIMUM COMPONENTS OF A SCIENTIFIC RESEARCH PROTOCOL

1. The health or medical problem addressed by your study or activities.

2. What are the primary study or project objectives and/or hypotheses to be tested?

3. (a) Provide a brief summary of major types of analyses and project activities that will be performed, including methodology to be utilized. (b) Indicate specifically what is/are the source(s) of data for your study. (c) What is/are the data item(s) to be used? (d) How will the data obtained from these sources be used?

4. (a) Will confidential, identifying, information be used? If yes, will you obtain informed consent? Include copies of informed consent documents if used. List everyone that will have access to the confidential data and their purpose(s) for this access. (b) How will you secure the confidential data?

5. (a) Will you be doing any follow-back investigation? Address whether follow-back with informants, physicians, or relatives, etc., will be conducted from this data. If follow-back investigation is intended – describe circumstances under which individuals will be contacted and the method of contact (telephone, mail, direct interview) to be used, including samples of any forms to be used. (b) What methods will you employ for handling denials? (c) Will repeated attempts be made on initial denials?

6. If follow-back investigation is planned, what data will be collected and how will that data be used?

7. (a) Describe whether any data files will be linked with the primary data. If data linkage is to be done, what is/are the source(s) of that data? (b) What data items are included in these source files? (c) How will the linked data be used?

8. How will results of the study or activities be released (i.e., technical reports, publication in journals, etc.)?

9. What is/are the source(s) of funding for this study or project?
**** NOTICE TO ALL RESEARCHERS REQUESTING AND RECEIVING ****
COPIES OF SC DEATH CERTIFICATES FOR RESEARCH PURPOSES

Effective February 1, 2010, copies of South Carolina Death Certificates provided for research purposes will have the following items routinely blocked out:

Item 5. Date of Birth
Item 6. Place of Birth – City and State
Item 7c City or Town of Residence
Item 7d Street and Number of Residence Address
Item 7e Apartment Number of Residence
Item 7f Zip Code of Residence
Item 7g Whether the Residence is Inside City Limits
Item 10 Surviving Spouse’s Name
Item 11 Father’s Name
Item 12 Mother’s Name Prior to First Marriage
Item 13a Informant’s Name
Item 13b Informant’s Relationship to Decedent
Item 13c Informant’s Mailing Address
Item 15 Facility Name Where Death Occurred (or address if not an institution)
Item 16 City or Town, and Zip Codes of Facility
Item 19 Location of Decedent’s Disposition (Name of Cemetery, Crematory, or other)
Item 20 Name and Address of Funeral Facility
Item 21 City or Town, and Zip Codes of Facility
Item 22 Signature of Funeral Service Licensee or Other Agent
Item 23 License Number (of Funeral Service Licensee)
Item 23a Signature of Embalmer
Item 23b License Number (of Embalmer)
Item 23c License Number (of Funeral Service Facility)
Item 26 Signature of Person Pronouncing Death
Item 27 License Number (of Person Pronouncing Death)
Item 28 Date Signed (by Person Pronouncing Death)
Item 42 Location of Injury – Street Number, City or Town, and Zip Code
Item 45 Signature of Certifier
Item 46 Name, Address, Zip Code of Person Completing Cause of Death
Item 47 Title of Certifier
Item 48 License Number (of Certifier)
Item 49 Date Certified
Item 50 For Registrar Only – Date Filed

The State File Number and the BRTP Number will also be blocked.

Researchers desiring access to any of these items must provide a separate justification for each item.