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| For Office Use Only |
| DL# |  |
| Version | V.1 |
| Date |  |



**Privacy Preserving Record Linkage**

Privacy Preserving Record Linkage (PPRL) is a technique that enables data linkage without using personal identifying information. Fields such as name, address and date of birth are irreversibly ‘hashed’ using specialised software to derive a new string that still enables record linkage but does not identify an individual. The Department of Health can provide hashed data for record linkage at third party linkage agencies.

**How to complete this form:**

This form is for the extraction of hashed data for PPRL to a third-party linkage agency.

If you require assistance completing this form, please email DataServ@health.wa.gov.au

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| GENERAL INFORMATION |
| 1.1 Which datasets are to be hashed and provided for third-party linkage? |  |
| 1.2 Who will prepare and release the hashed data (tick all the apply)? | **[ ]** Data Linkage Team**[ ]** Data Custodian **[ ]** Other (specify): |
| 1.3 Please provide the contact information of the data custodians or their representative who will be providing data to the third-party linkage agency: |
| **Dataset** | **Name** | **Organisation** | **Position** | **Contact (phone and email)** |
| *e.g. Hospital Morbidity Data Collection* | *e.g. John Doe* | *e.g. Department of Health* | *e.g. Data Custodian* | *e.g.* *John.Doe@organisation.au**08 1234 4568* |
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| 1.4 Which third-party agency will link the data? |  |
| 1.5 Name and email address of recipient at the third-party agency: |  |
| Comments: |
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| PPRL DATA EXTRACTION – VARIABLES TO BE HASHED  |
| Please provide any other variables outside of the standard demographic variables (i.e., names, addresses, date of birth), that could help improve the linkage accuracy. |
| [ ]  A variable list is provided in the approval document (leave the table below blank). |
| **Field name** | **Description** |
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| AUTHORISATION  |
| How is the disclosure of hashed data authorised? | **[ ]**  Memorandum of Understanding**[ ]**  Data provider authorisation form**[ ]**  Letter of approval**[ ]**  Other (specify below): |
| Provide details: |
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