

New Report Request & Existing Report Data & Functionality Inquiry Process

New Report Request Process

New Report Requests: A new process has been established for the submission, tracking and completion of new reporting requests. All new report requests require the submission of a data request form. New report requests will be triaged by the Joint Data and Analytics Team to ensure the accurate assessment and assignment of your new report request.

Research and patient data/ mailing requests: These new requests require the submission of a data request form as well and will continue to require supporting documentation. Please attach & upload all of your supporting documentation to the data request form.

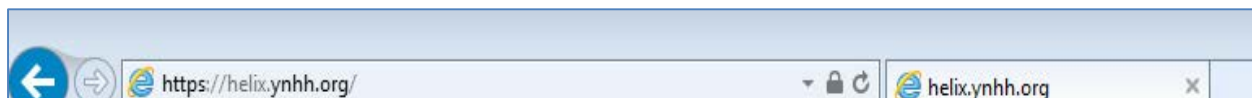
*******New Report creation turnaround time is typically at least 5 business days*******

Existing Report Data & Functionality Inquiry Process

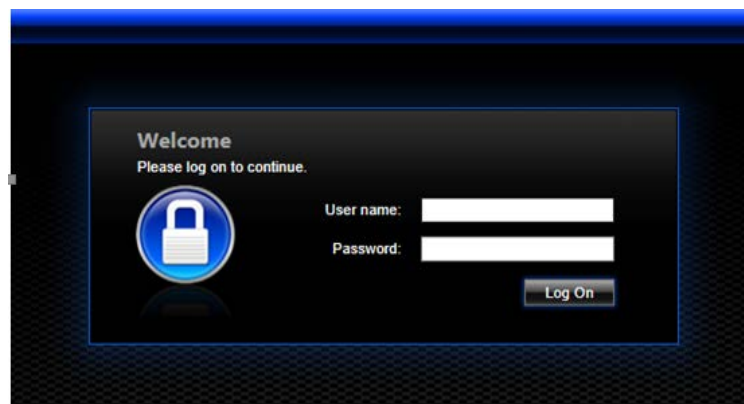
Existing Reports: A new process has been established for users who require assistance with the use and functionality of existing reports, as well as with regards to all questions pertaining to the data contained within existing WEBI reports. All questions should be submitted via the new data request form. Questions will be answered by analyst on the Joint Data and Analytics Team.

To access the link to the Data Request form you can use the following sites/links:

1. Go to <https://helix.ynhh.org/>



2. Please use your University Net ID and Password to access the Data Request form



3. The report request submission form will open and you will need to fill out the form. Select "JDAT Data Request" for "new" report requests.

My Requests Create New Request

Epic Optimization, ITS Project and Data Request

Request Epic Optimizations, ITS and Data Projects

* indicates a required field

Your Contact Information

After you enter a valid @ynhh.org email address, the form will attempt to determine the rest of your contact information automatically.

* Email

If blank, enter your email address and click [here](#)

* First Name

* Last Name

* Contact Phone

User ID

Department

Manager

* Delivery Network Please Select

* Request Type JDAT Data Request

Request Details

* Title

Please enter a short title for your request (NOT your position title)

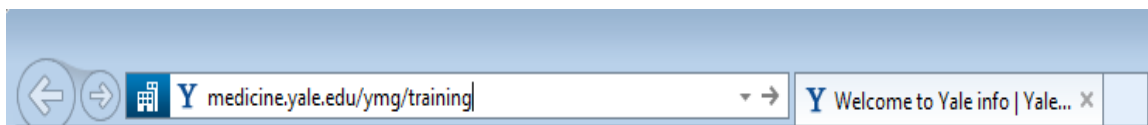
* Department VP

* Date Desired By

Single Date MM/DD/YY

OR

1. Go to <http://medicine.yale.edu/yimg/training>



2. Click on "Helix"

Yale SCHOOL OF MEDICINE

Education Patient Care Research People News Library A-Z Index Search

YMG ADMINISTRATION

Home About Forms Departments News Directory

YMG Training

Home Courses How to Register

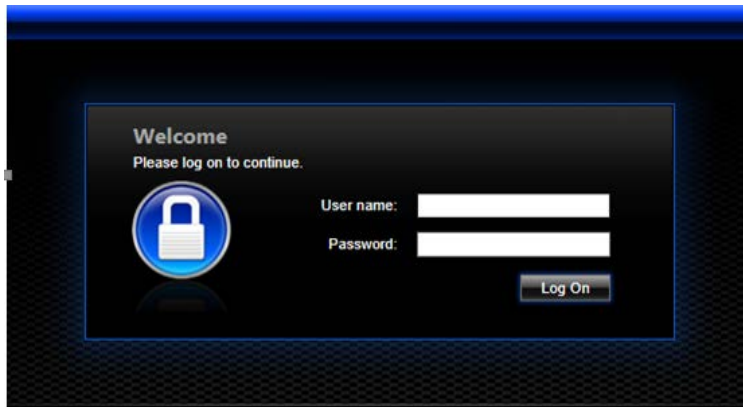
Helix

Click on "Helix"

Search this site



3. Please use your University Net ID and Password to access the Data Request form



4. The report request submission form will open and you will need to fill out the form. Select "JDAT Data Request" for "new" report requests, patient mailing lists and for all questions on "existing" reports.

My Requests Create New Request

Epic Optimization, ITS Project and Data Request

Request Epic Optimizations, ITS and Data Projects

* indicates a required field

Your Contact Information

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If blank, enter your email address and click [here](#)

* First Name

* Last Name

* Contact Phone

User ID

Department

Manager

* Delivery Network

* Request Type

Request Details

* Title

Please enter a short title for your request (NOT your position title)

* Department VP

* Date Desired By

Single Date MM/DD/YY

5. Select "Research Data Request" for "Research" related report requests.

Epic Optimization, ITS Project and Data Request

Request Epic Optimizations, ITS and Data Projects

* indicates a required field

Your Contact Information

After you enter a valid @ynhh.org email address, the form will attempt to determine the rest of your contact information automatically.

* Email	<input type="text"/>
If blank, enter your email address and click here	
* First Name	<input type="text"/>
* Last Name	<input type="text"/>
* Contact Phone	<input type="text"/>
User ID	<input type="text"/>
Department	<input type="text"/>
Manager	<input type="text"/>
* Delivery Network	Please Select <input type="button" value="v"/>
* Request Type	Research Data Request <input type="button" value="v"/>

Request Details

* Department VP	<input type="text"/>
* Request Title	<input type="text"/>

6. Attach supporting documents to your request and submit.

* Patient Population	Please Select <input type="button" value="v"/>
* Data Elements Needed	<input type="text"/>
* Format Requested	<input type="text"/>
* Request Characteristics	Please Select <input type="button" value="v"/>
* Data Needed For	<input type="checkbox"/> BH <input type="checkbox"/> COMMUNITY PRACTICE <input type="checkbox"/> GH <input type="checkbox"/> NEMG <input type="checkbox"/> YHC <input type="checkbox"/> YMG <input type="checkbox"/> YNHH <input type="checkbox"/> YNHHS
Check all that apply	
Request Frequency	<input type="text"/>

Attach File

Browse to attach a document or image file

Attachments:

HIPPA

Health Insurance Portability & Accountability Act (HIPAA) & Institutional Policy Compliance

Checking the button below provides written assurance that :

- subjects' Protected Health information (PHI) will not be used or disclosed except as permitted by law, and, with regard to research, for authorized oversight of research, or for conducting secondary research only if that research has been reviewed and approved by the appropriate Human Investigation Committee;
- all Yale-New Haven Health System, Yale School of Medicine, Yale School of Nursing, and other pertinent organizations' HIPAA-related, privacy, and research-related policies and procedures will be adhered to;
- only the MINIMUM amount of data has been requested to meet the requestor's needs;
- data released for treatment, payment, or operations will NOT be used for research;
- data released to requestor will NOT be given to others; others must complete this request form and receive data directly from the Joint Data Analytics Team.

* I have read and agree to the above conditions