## Health PEI

## Santé Î.-P.-É.

## Health PEI External Disclosure of Cancer Information Checklist

Title or topic area of Information being disclosed:	
The of topic and of information being disclosed.	
Program or Service Area:	Department/Unit:
Staff Lead:	Information reviewed and validated by:
Stari Lead.	information reviewed and variated by:
The information to be Do identified record level datao Identifiable record level data Aggregate level data	
disclosed is:	
Who will this information be shared with?	
How will you share this o Email o Uploaded to secure o Other:	
information externally to (password online system	
Health PEI? (password protected file)	
Is there a data sharing agreement	
(DSA) in place? • Yes • No • If no, why?	
Are there any known risks for confidentiality or o No o Yes	
to the organizational values for disclosing this o If yes, please note:	
information?	
Will this information be published? • Yes	o No o Unknown
Anticipated publish date:	
How will this information to be shared within HPEI? (check all that apply)	
• Presentation • Report cir	culated when published o Communication plan
• Update provided leadership of your • Issue Note will be needed	
department or program area related to	o No Plan
the information	o Other:
• Formal announcement	
<ul> <li>improve access</li> <li>identify ef</li> </ul>	fficiencies o inform clinical practice
1	anning and decisions o Other:
Provide some key observations or critical findings of this information:	
	<b>D</b> /
Signature of Approval by Manager:	Date:
Signature of Approval by Director (if Applicable):	Date:
Date submitted to Provincial Cancer Coordinator:	