



SDI Data Use Request: Summary Decision Memo

Administrative Data:

Title: Drug Overdose Surveillance and Epidemiology / State Unintentional Drug Overdose Reporting System Data Augmentation Project

Tracking Number: DR #54 - DOSE

Date of Data Use Request Receipt: May 26, 2026

Date NYeC Evaluation Completed: May 27, 2026

Date of NYeC Determination (if applicable): N/A

Date of NYeC Recommendation (if applicable): May 28, 2026

Date of SDUC Decision (if applicable):

Note: Attached to this Summary Decision Memo is the Data Use Request (and any supporting documentation) provided to NYeC by the NYS Department of Health Authorized Requester

Overview and Description of Request:

This request was submitted by the Drug Overdose Surveillance and Epidemiology (“DOSE”) Unit within the Office of Drug User Health at the New York State Department of Health, acting in its stated capacity as a public health authority conducting overdose surveillance through the State Unintentional Drug Overdose Reporting System (“SUDORS”). The request seeks access to identifiable SHIN-NY SDI data for the limited purpose of linking identified overdose decedents to corresponding records, assigning a non-identifying study ID, and maintaining a secure linkage key for limited reconciliation and data quality purposes. The request states that identifiable information would not be used in downstream analysis, reporting, presentations, or research, and that any information abstracted from clinical notes would be incorporated only after direct identifiers are removed from the working dataset.

As presented, the request is intended to support a more consistent and scalable process for obtaining medical-history information relevant to SUDORS reporting, which may improve the completeness and quality of data submitted for surveillance, reporting, and related public health analysis, including efforts to better identify points for prevention intervention.

NYeC Review

Based on NYeC’s review, the Data Use Request is found to be:

I. Procedure

☒ Made by an Authorized Requester



NEW YORK eHEALTH
COLLABORATIVE

Authorized Requester Name: Lucila Zamboni

Authorized Requester Title: Research Scientist 5, Director Drug Overdose Surveillance and Epidemiology

Authorized Requester's Organization/Entity Name: Drug Overdose Surveillance and Epidemiology, Office of Drug User Health, NYS Department of Health

☐ Not made by an Authorized Requester

Requester Name: _____

Requester Title: _____

Requester's Organization/Entity Name: _____

II. Purpose

☒ Public Health Permitted Purpose

☒ Data Use Request

☐ Narrow Data Use Request

☐ Data Use Request for Urgent Public Health Surveillance

☐ Medicaid Permitted Purpose

☐ Data Use Request

☐ Narrow Data Use Request

☐ Other (brief description: _____)

III. Compliance

	Compliant	Not Compliant	Not Applicable
Statewide Common Participation Agreement (SCPA)	☒	☐	☐
Data Use and Contribution Agreement (DUCA) *	☒	☐	☐
SHIN-NY Regulations & Applicable SHIN-NY SOPs	☒	☐	☐
Applicable Law	☒	☐	☐

Justification for Compliance Findings:

The Department's authority to collect identified data from the SDI for this use case is established under its role as a public health authority (45 C.F.R. § 164.501 and § 164.512(b)). The Department is the State agency responsible for overdose mortality surveillance in New York State, pursuant to its general public health authority (NYS Public Health Law § 201), its statutory authority to collect and preserve information relating to mortality and the causes of disease (PHL § 206 (1)(d)), its authority under PHL Article 33 – including PHL § 3306 which addresses the Department's authority to collect controlled substances data, and its role as the NYS Recipient of CDC funding for SUDORS.

The data subject to this request will be used exclusively by the DOSE Unit for public health surveillance purposes. Specifically, the DOSE Unit will match SUDORS decedents to corresponding records in the SDI Master Patient Index (MPI) and assign a non-identifying study ID to each matched decedent. Identified data will not be used for surveillance reporting, presentations, white papers, or any other downstream product. The disclosure of MPI data and related clinical data without patient authorization for the limited matching and study-ID assignment purposes described herein is consistent with the SDI Data Use Approval Process SOP, which governs the disclosure, use, and re-disclosure of SDI Data for approved public health permitted purposes, including to conduct investigations to assist in reducing morbidity and mortality. *See SDI Data Use Approval Process SOP, p 6; see also SHIN-NY Privacy and Security SOP, Section 1.2.2 (iii).*

As stated in the request, identified data disclosed under this use case will be accessible only to designated DOSE Unit personnel and will not be disclosed or redisclosed outside the Department. While the requester has procedures in place to ensure that Part 2- protected information is not released into the SUDORS dataset, the request further represents that records protected by 42 CFR Part 2 are excluded from this use case by directing SHIN-NY to exclude data from Part 2 program sources before transmittal and by limiting the inclusion code list to exclude diagnosis codes that could reveal Part 2-protected treatment or rehabilitation information. These representations further support the conclusion that the request is structured to enhance the privacy and security of the records at issue by limiting access to identified data and reducing the risk of disclosure of sensitive substance use disorder information, and also support that the request satisfies HIPAA's "minimum necessary" standard.

For clarity, this Summary Decision Memo addresses only the Department's request for identified SHIN-NY data for the public health surveillance purposes described in this request. Following de-identification by the DOSE Unit in accordance with the HIPAA Safe Harbor standard, 45 CFR 164.514(b)(2), the resulting analytic dataset is no longer PHI under HIPAA. It remains, however, subject to applicable SCPA, DUCA, SHIN-NY regulatory, and permitted-use restrictions, including limits on re-identification, redisclosure, and use only for the approved permitted purpose.

For the foregoing reasons, NYeC recommends approval of this use case by the SDUC.



NYeC Determination: Narrow Data Use Request

☐ Approved

☐ Denied (description of reason[s]):

NYeC Determination: Urgent Public Health Surveillance Data Use Request

☐ Approved

☐ Denied (description of reason[s]):

NYeC Recommendation to SDUC: Data Use Request

☒ Approval

☐ Denial (description of reasons[s]):

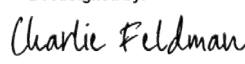
Signed by:

1C1BB9F6120346A...

NYeC Legal

5/28/2026

Date

DocuSigned by:

0CADF6960C7C420...

NYeC Privacy & Compliance Officer

5/27/2026

Date



SDUC Determination

- ☐ XX Approved
- ☐ Denied (description of reason[s]):

Signed by:
Laura Alfredo
D00024310266400...

6/26/2026

SDUC Chair

Date

Statewide Data Infrastructure (SDI) Data Use Request Form for the New York State Department of Health
Request # Project Name: DR # 54 DOSE

Project Name: Drug Overdose Surveillance and Epidemiology State Unintentional Drug Overdose Reporting System Data Augmentation Project	
Tracking ID: DR #54 - DOSE	
A. Request Overview	
Item	Response
1) Authorized Requester Information Description Identification of the Requester's Organization and a brief description of the requester type (e.g., public health authority (PHA); PHA contractor; government agency (specify) etc.)	The Drug Overdose Surveillance and Epidemiology Unit (DOSE) within the Office of Drug User Health at the NYS Department of Health. DOSE is the designated public health authority for unintentional drug overdose surveillance in New York State and conducts SUDORS reporting under the CDC Overdose Data to Action (OD2A) cooperative agreement.
2) Project Description Summary of the project including how this data will be used.	Starting in 2023, the increasing trend in overdose deaths among New Yorkers has begun to flatten after constant annual increases since 2010. In 2010, over 1,300 New Yorkers died due to a drug overdose, nearly 4 individuals per day. After years of increases, in 2023, over 6,100 New Yorkers died due to a drug overdose, or 17 individuals per day. While reductions in fatal overdoses were observed between 2023 and 2024, the current mortality rate remains elevated at record high numbers. The NY State Unintentional Drug Overdose Reporting System (SUDORS) is a CDC-required program under the "Overdose Data to Action (OD2A) for States" grant. SUDORS incorporates data from death certificates, Coroner/Medical Examiners reports, and postmortem toxicology reports. The objective is to better understand the circumstances that surround overdose deaths, improve overdose data timeliness and accuracy, and identify specific substances causing or contributing to the death as well as emerging and polysubstance overdose trends to help inform overdose prevention and response efforts. The CDC encourages the state SUDORS programs to augment data collection utilizing electronic medical records, emergency medical service records, and law enforcement reports.

Statewide Data Infrastructure (SDI) Data Use Request Form for the New York State Department of Health
Request # Project Name: DR # 54 DOSE

3) Permitted Purpose Description	☒ Public Health Activity Permitted Purpose ☒ Data Use Request with Individually Identifiable Health Info (e.g. PHI) ☐ Narrow Data Use Request (e.g. de-identified; LDS). If this box is checked, Requester must complete attestation below in Section D(3)(c). ☐ Data Use Request for Urgent Public Health Surveillance ☐ Medicaid Permitted Purpose ☐ Data Use Request ☐ Narrow Data Use Request (e.g., de-identified; LDS) If this box is checked, Requester must complete the attestation below in D(3)(c). ☐ Other: Click or tap here to enter text.
4) Description of Intended Use Describe the intended use of data, including any intended disclosure or re-disclosure, and the basis on which the intended use, disclosure or re-disclosure is for a Public Health Activity Permitted Purpose or a Medicaid Permitted Purpose and otherwise in compliance with the Statewide Common Participating Agreement (SCPA), the Data Use and Contribution Agreement (DUCA), the SHIN-NY Regulations and SHIN-NY Standard Operating Procedures (SOPs) and applicable law.	The Office of Drug User Health will use the identifiable data in this request solely for the following limited purposes: • Linking SUDORS decedents to corresponding records in the SHIN-NY Statewide Data Infrastructure (“SDI”) via the MPI; • Assigning a non-identifying Study ID to each matched decedent; and • Maintaining a secure identifier key linking the Study ID to the decedent identifiers used solely for limited data quality and reconciliation purposes (i.e. resolving abstraction ambiguity, reconciling cohort membership against Vital Records data). Downstream use of the de-identified data described here for transparency only: • Submissions of deidentified data to the CDC for SUDORS (via CDC SAMS); • Development of surveillance reports;

Statewide Data Infrastructure (SDI) Data Use Request Form for the New York State Department of Health
Request # Project Name: DR # 54 DOSE

	• External presentations on overdose surveillance findings; and • White papers for policy recommendations.
5) Target Population Inclusion Specify the criteria used for the dataset. Typical inclusion criteria are: demographic, clinical, and geographic characteristics.	Patients who have died from a drug overdose, and the patient's medical history with the following: Focus on medical history for surveillance, including: • ICD-10 codes for substance use and non-fatal overdose. • Hospitalizations and relevant conditions. See the supplemental file for inclusion code sets (DOSE Unit Appendix A - Data Elements_DOSE_May.2026, worksheet "Inclusion-Exclusion Codes").
6) Target Population Exclusion Specify the criteria that would exclude the case/data from being included in the dataset. (For example, if you are looking at residents of certain counties or only looking for persons over the age of 65.)	<i>See the supplemental file for exclusion code sets (DOSE Unit Appendix A - Data Element_DOSE_May.2026, worksheet "Inclusion-Exclusion Codes").</i>
7) What law, regulation, rule or agreement grants the authority to obtain this information? Identify, in detail, the laws, regulations, contracts, SHIN-NY SOPs and other governing documents that allow and authorize access to the data requested.	Information collected through SUDORS, an enhanced public health surveillance system that compiles information from multiple data sources, is critical for understanding the circumstances surrounding fatal overdose deaths. Increasing the completeness of information, specifically related to prior medical history and prior health care-related touch points, may provide critical information to design and enhance preventative interventions and programs, such as the opioid prevention programs (OPP) and programs designed to be implemented in health care settings or by clinicians. The NYSDOH Commissioner has broad statutory authority to, among others; a) investigate the causes of disease, epidemics, the sources of mortality, and the effect of localities, employment and other conditions, upon the public health; and b) obtain, collect and preserve such information relating to marriage, birth, mortality, disease and health as may be useful in the discharge of his duties or may contribute to the promotion of health or the security

Statewide Data Infrastructure (SDI) Data Use Request Form for the New York State Department of Health
Request # Project Name: DR # 54 DOSE

	data abstraction through the Clinical Viewer was too extensive for information the team was able to access. However, the team identified the significant value of the SHIN-NY as a data source. Through this application to access transmittals through the Data Lake, the SUDORS program aims to leverage from the rich information in the SHIN-NY but with significant ease of access through data transmittals that could subsequently be manipulated to create direct uploads into a CDC supported system reducing staff time needed to abstract information. The combination of completeness, multi-source coverage, and operational scalability required for SUDORS reporting is not available through any non-SHIN-NY source. Direct chart pulls through the SHIN-NY Clinical Viewer were evaluated in 2025 and found infeasible at scale.
10)What is the expected start date of this project? The date when the project work is expected to begin (Mo/Day/Yr.).	6/1/2026
11)Is this request time-sensitive and/or critical? * (yes/no)	Yes
12)*If time-sensitive or critical, explain	The overdose crisis kills 17 New Yorkers a day. Data from the SUDORS program informs interventions to reduce the impact of the drug overdose epidemic. SUDORS is the most timely and comprehensive data the NYS DOH has on drug overdose mortality.
13)When is this information needed? The date by which Requestor would need the report/data (Mo/Day/Yr.).	6/1/2026
14)What is the expected end date of this project? The date when the project is expected to end (Mo/Day/Yr.).	KYÖZ\$YÖ□ ĖĖĐĖĖĖY1□ ů\$Eİ□ ĄĄĖ□ ĖđZĖĖĐİĖ□ İZ□ d on a rolling monthly basis as monthly Vital Records İüĖ£□ ĄĄĖ□ đĖĐĖ\$İĖĖ
(B) Technical Specifications Data Use Request	
1) What data elements are needed? Describe all the data fields required for your project (example: Date of birth, diagnosis codes, etc.)	^ĖĖ□ İ\$Ė□ EZĐĐüĖĖĖYİĄ□ İüĖ□ İZđ□ wZđĖ□ \$YİZđwĖ (DOSE Unit Appendix A- Data Elements DOSE_May2026, worksheet "Appendix A- Data Elements"). WĄÖĖYİ□ ĖĖWZÖđĄĐ\$Đ\$YİZđwĖ • Ethnicity • Race

Statewide Data Infrastructure (SDI) Data Use Request Form for the New York State Department of Health
Request # Project Name: DR # 54 DOSE

	• Sex • First name • Last name • Middle name • Current address • Previous address • Phone number Problems and clinical notes: • ICD-10 codes that serve as proxies for substance abuse disorder treatment or inclusion code list to support 42 CFR Part 2 compliance. See ISG EZDDuGwGyA IuG Iza EDGDsID sYIzawAOZY dAtoE odZS / Clinical notes are requested only to the extent YGDGEEAdLJ Iza ^h KZ^ AdciaADDOZY Zi EZdciA history, prior non-fatal overdose, related behavioral health comorbidity, circumstances of overdose, and pre-EGAlS SGAuIS DAAG ZOuSmjAoZw wllGG be limited to the minimum necessary. Any direct sEGYOIgaE ADDGAsYO sY YziG IGdzi Isuu dG before note-EGasIG sYIzawAOZY sE sYDZadZaAIG the de-sEGYOIgE ^h KZ^ EAlAEGH AYE AYLJ sYD non-dGEDZYEsIG Za WAdi r DZYIG the sEGYOIgE s text will be removed from the working dataset. • Discharge summary note • Emergency department note • History & Physical • Progress note
2) Is the data being requested 1) individually identifiable health data, 2) limited data set (LDS)* or 3) de-identified*? (select from drop down). *If the data requested is a Limited Data Set (LDS) or de-identified data, Requester must complete attestation below in Section D(3)(c).	1) Individually Identifiable Health Info
3) Proposed delivery method* (select from drop-down)	NYeC Secure File Transfer or Secure File Transfer 2.0 through the NYS Health Commerce System (HCS)
4) *If selected "other" above for delivery method, please explain the proposed delivery method. Only methods with secure encryption mechanisms will be accepted.	N/A
5) What is the requested format for the data? (examples include XLS, txt, CSV)	.CSV or .XLSX

Statewide Data Infrastructure (SDI) Data Use Request Form for the New York State Department of Health
Request # Project Name: DR # 54 DOSE

6A) What safeguards will you put in place to protect the data?	All staff within the Drug Overdose Surveillance and Epidemiology Unit have undergone extensive training in the handling and use of confidential and personal health information; and have extensive professional experience in the field. Additionally, following Intra-Agency Access to and Disclosure of Personal Health Related Information DLA-022 the DOSE Unit has an internal data security protocol for ensuring personal health information confidentiality. A copy of that protocol is attached to this application (“PHI Internal Confidentiality Protocol 11.28.2025”). In summary, the DOSE Unit will identify one main and one secondary data analyst which will be responsible for all processes establishing limited permissions to dedicated folders within its Local Area Network (LAN) to save the files. Only authorized project personnel assigned to this work will have access to the complete identifiable information for the purposes of data matches. Where clinical notes are reviewed for surveillance abstraction, any direct identifiers appearing in free text will be removed before note-derived information is incorporated into the de-identified analytic dataset Once files are used, files will be archived in a centralized LAN projected folder only accessed by the SUDORS Program Manager. If needed staff will permanently delete archive files following SHIN-NY policies and procedures. All use of data will be restricted to minimum necessary to perform MPI matching and data quality functions
6B) Limitations on the Requester’s Use of Identifiable Data	I. Identifiable data will be used only for: 1. Matching SUDORS decedents to SHIN-NY records via the MPI; 2. Assigning a non-identifying Study ID; and 3. Limited internal data quality and reconciliation activities (e.g. resolving abstraction ambiguity and validating cohort alignment with Vital Records) II. Prohibited Uses and Operational Limitations: 1. Direct identifiers will not be used for surveillance reporting; presentations, white papers, or research, or any downstream product or deliverable. 2. Identifiable data will remain within the DOSE Unit’s secured permissioned LAN environment Clinical notes may be reviewed

**Statewide Data Infrastructure (SDI) Data Use Request Form for the New York State Department of Health
Request # Project Name: DR # 54 DOSE**

	to abstract surveillance-relevant information, but any direct identifiers appearing in free text will be scrubbed before note-derived information is incorporated into the de-identified analytic dataset. 3. Access to identifiable data will be : - Role based and strictly limited to designated personnel (i.e. primary data analyst, one secondary data analyst, program manager) - Once a matching is complete, all analytic work will be conducted using a de-identified Study ID-based dataset. Any note-derived information included in that dataset will have direct identifiers removed before use. - Direct identifiers will be removed from the analytic dataset; - A sperate secure linkage file may be retained solely for limited internal data quality purposes. - Re-Identification via the linkage key is permitted only for internal data quality and reconciliation purposes. - Any use of identifiable data beyond the purposes described above including research use of identifiable data, or expanded analytics using identifiable data requires a separate authorization.
6) How will files be handled/stored/deleted at the end of the project?	requirements and the terms of the governing data agreement. All data will be stored in a secure, access-restricted folder and will be securely destroyed in accordance with Department policy. Personnel assigned to this work will have access to the secure folder.

Statewide Data Infrastructure (SDI) Data Use Request Form for the New York State Department of Health
Request # Project Name: DR # 54 DOSE

7) Select "Yes" to indicate adherence to the standard of minimum necessary data requests. (This field cannot be blank.)	Yes
(C) Program/Project Contact Information	
1. Program Lead Contact Information	
Name (First, Last):	[REDACTED]
Bureau/Unit:	Office of Drug User Health
Email:	[REDACTED]@health.ny.gov
Phone Number:	[REDACTED]
2. Other Project Team Members	
a) Team Member 1 (Name, Employer, Contact Info)	[REDACTED]@health.ny.gov
b) Team Member 2 (Name, Employer, Contact Info)	[REDACTED]@health.ny.gov
c) Team Member 3 (Name, Employer, Contact Info)	[REDACTED]@health.ny.gov
d) Team Member 4 (Name, Employer, Contact Info)	To be Hired – SUDORS Program Manager
e) Team Member 5 (Name, Employer, Contact Info)	Click or tap here to enter text.

(D) Data Use Request Authorized Requester Attestation & Agreement Form	
1) Name of Requester's Organization: Drug Overdose Surveillance and Epidemiology	
2) Authorized Requester Information	
Name:	[REDACTED]
Title:	Research Scientist 5, Director Drug Overdose Surveillance and Epidemiology
Email:	[REDACTED]@health.ny.gov
Phone Number:	[REDACTED]
3) Attestations: Authorized Requester attests to the following:	
a) This Data Use Request meets the following criteria:	
i. Request is for a Public Health Activities by Public Health Authority.	☒
OR	☐
Request is for a Medicaid Permitted Purpose	
ii. Request is in compliance with the SCPA, DUCA, SHIN-NY Regulations and SHIN-NY SOPs.	☒
iii. Request is in compliance with applicable law.	☒

Statewide Data Infrastructure (SDI) Data Use Request Form for the New York State Department of Health
Request # Project Name: DR # 54 DOSE

iv. Data elements requested meet the standard of minimum necessary.	☒
b) Safeguards and Protections Attestation:	
Appropriate safeguards and internal controls will be used for data access and use, security and privacy.	☒
c) Data Classification and Use Attestation (for Narrow Data Requests)	
<i>(select one or both, or neither)</i>	
HIPAA Limited Data Set 45 C.F.R. 164.514(e)	☐
De-Identified Data (45 C.F.R. 164.514(b)(2))	☐
Based on the Data Classification(s) identified above, the Authorized Requester attests and agrees to the following: - The data will be used solely for the permitted purpose(s) described in this approved SDI Data Use Request and as authorized under the SCPA, DUCA, SHIN-NY Regulations, and SHIN-NY SOPs and applicable law. - Requester may use and disclose a Limited Data Set solely for the purpose(s) expressly described in, and approved through this SDI Data Use Request, and only to the extent such use or disclosure is permitted under applicable law and consistent with 45 C.F.R. § 164.514(e). Requester shall not use or further disclose the Limited Data Set in any manner that would violate the HIPAA Privacy Rule if done by a covered entity. - Access to and receipt of a Limited Data Set shall be limited to those workforce members, agents, contractors, and other specifically authorized persons identified by Requester as having a need to know the information for the approved purpose(s), and no other person or entity may use or receive the Limited Data Set except as expressly permitted by this SDI Data Use Request and applicable law. - The data will not be re-identified, and no third party will be permitted to re-identify or attempt to re-identify individuals whose information is included in the data. If the Requester becomes aware of any actual or attempted re-identification of individuals or data, Requester will notify NYeC immediately. - No individual whose information is included in the data may be contacted in association with the use case described and approved in this SDI Data Use Request., nor will any third party be permitted to contact or attempt to contact such individuals based solely on SDI Data. - Any agents, contractors, or downstream recipients with access to the data will agree and be subject to use, disclosure, and safeguard obligations no less protective than those set forth in this Data Use Request, the Statewide Common Participation Agreement, and applicable law. - Appropriate administrative, technical, and physical safeguards will be used to prevent any use or disclosure of the data not permitted by this Data Use Request or applicable law, and any unauthorized use or disclosure of which Requester becomes aware will be reported to NYeC in accordance with the SCPA, and SHIN-NY SOPs. - The data will not be used for marketing purposes or sold, licensed, or otherwise disclosed in exchange for remuneration, except as permitted by HIPAA and applicable law, and only with prior written consent of NYeC. - The Requester will not, and will not permit any third parties to use de-identified data for any purpose other than those permitted in this Data Use Request or otherwise as permitted by law. - Requester shall otherwise comply in full with 45 C.F.R. § 164.514(e)(4)(ii). - Upon expiration, suspension or termination of this Data Use Request, Requester shall immediately cease all use and disclosure of all SDI Data and comply with any instructions from NYeC regarding continued retention, return, destruction, or other handling of the data, in accordance with this Data Use Request, the SCPA, DUCA, SHIN NY Regulations, SHIN NY SOPs, and applicable law.	

Statewide Data Infrastructure (SDI) Data Use Request Form for the New York State Department of Health
Request # Project Name: DR # 54 DOSE

d) Attestations Regarding Potential Violation of this Data Use Request	
i. The New York State Department of Health in coordination with NYeC, reserves the right to investigate any actual or suspected breach, or improper access, use, or disclosure of data by Requester or any person acting on Requester's behalf stemming from this Data Use Request.	☒
ii. Requester acknowledges and agrees that NYeC may, following notice to and consultation with the Department, suspend, terminate, or revoke Requester's access to SDI Data immediately upon notice, or immediately without prior notice where NYeC determines prompt action is necessary, if NYeC determines in its reasonable discretion that Requester has violated this Data Use Request, the SCPA, DUCA, SHIN-NY Regulations, SHIN-NY SOPs, or applicable law. Requester shall cooperate with the Department and NYeC in investigating and mitigating any such violation.	☒
4. Authorized Requester Signature:	
Deirdre Depew (OHSQA)	Date of Signature: Deirdre Depew Digitally signed by Deirdre Depew Date: 2026.05.26 13:44:17 -04'00'



Appendix A - Data Elements

This appendix is intended to capture the individual data elements necessary to fulfil the requirements of the SHIN-NY Public Health Access: Data Lake Data Standards page. Please refer to this [SHIN-NY Public Health Access: Data Lake Data Standards page](#)

Requested Data Elements

Please download this Excel Workbook and list each of the data elements required for your data. Please review the example and add additional rows to the table as necessary to fulfil your requirements.

ll your use case. For additional information on data standards,
[e.](#)

to fulfill your use case in the Appendix A - Data Elements tab.
fill your use case.



Appendix A - Data Elements

Data Element Class	Data Element
Patient Demographics/Information	Ethnicity
Patient Demographics/Information	Race
Patient Demographics/Information	Sex
Patient Demographics/Information	First Name
Patient Demographics/Information	Last Name
Patient Demographics/Information	Middle Name
Patient Demographics/Information	Current address
Patient Demographics/Information	Previous Address

Patient Demographics/Information	Phone Number
Problems	Problems
Problems	Problems
Problems	Problems
Clinical Notes	Progress Note
Clinical Notes	Emergency Department Note
Clinical Notes	History & Physical
Clinical Notes	Discharge Summary Note

Notes: *The 'Data Standard Code Values' column is optional.

3

Data Element Standard	Data Standard Code Values*
CDC Race and Ethnicity Code Set Version 1.3 May 2025 The Office of Management and Budget Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, Statistical Policy Directive No. 15, as revised, October 30, 1997	-
CDC Race and Ethnicity Code Set Version 1.3 May 2025 The Office of Management and Budget Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, Statistical Policy Directive No. 15, as revised, October 30, 1997	59261-8
SNOMED Clinical Terms (SNOMED CT) U.S. Edition, March 2025 Release Both values must be supported: SNOMED CT U.S. Edition: 248152002 (Female) SNOMED CT U.S. Edition: 248153007 (Male)	
Project US@ Technical Specification for Patient Addresses, Final Version 1.0 Project US@ Technical Specification for Patient Addresses, Final Version 1.0	

ITU-T E.123, Series E: Overall Network Operation, Telephone Service, Service Operation and Human Factors, International operation - General provisions concerning users: Notation for national and international telephone numbers, email addresses and web addresses, February 2001 ITU-T E.164, Series E: Overall Network Operation, Telephone Service, Service Operation and Human Factors, International operation - Numbering plan of the international telephone service, The international public telecommunication numbering plan, November 2010 Adopted at 45 CFR 170.207(q)(1)	
International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) 2025	T40.0, T40.1, T40.2, T40.3, T40.4, T40.6, T40.8 (Opioid poisoning) (Principal Diagnosis: Excludes 'adverse effect' or 'underdosing' as indicated by the values of 5 and 6 in the 6th character; and 'sequela' as indicated by the value of 'S' in the 7th character; e.g. T40.0X5S, T40.0X6S)
International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) 2025	T42.0, T42.1, T42.2, T42.3, T42.4, T42.5, T42.6 (antiepileptic, sedative, hypnotic, and antiparkinsonism poisoning) (Principal Diagnosis: Excludes 'adverse effect' or 'underdosing' as indicated by the values of 5 and 6 in the 6th character; and 'sequela' as indicated by the value of 'S' in the 7th character; e.g. T42.0X5S, T42.0X6S)
International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) 2025	T43.0, T43.1, T43.2, T43.3, T43.4, T43.5, T43.6 (psychotropic drugs poisoning) (Principal Diagnosis: Excludes 'adverse effect' or 'underdosing' as indicated by the values of 5 and 6 in the 6th character; and 'sequela' as indicated by the value of 'S' in the 7th character; e.g. T43.1X5S, T43.1X6S)
Logical Observation Identifiers Names and Codes (LOINC®) version 2.81 LOINC code 11506-3	overdose, drug use, drug misuse drug abuse, substance use, substance misuse, substance abuse
Logical Observation Identifiers Names and Codes (LOINC®) version 2.81 LOINC code 34111-5	overdose, drug use, drug misuse drug abuse, substance use, substance misuse, substance abuse
Logical Observation Identifiers Names and Codes (LOINC®) version 2.81 LOINC code 34117-2	overdose, drug use, drug misuse drug abuse, substance use, substance misuse, substance abuse
Logical Observation Identifiers Names and Codes (LOINC®) version 2.81 LOINC code 18842-5	overdose, drug use, drug misuse drug abuse, substance use, substance misuse, substance abuse