NEW YORK eHEALTH COLLABORATIVE

# SDI Data Use Request: Summary Decision Memo

## Administrative Data:

Title: Detection of Hearing Issues for Children and Assessing Language Acquisition Among Deaf and Hard of Hearing Children up to age 3

Tracking Number: DG-60

Date of Data Use Request Receipt: 8/5/2026

Date NYeC Evaluation Completed: 8/6/2026

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

Date of NYeC Recommendation (if applicable): 8/6/2026

Date of SDUC Decision (if applicable): 8/13/26

***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 New York State Department of Health Early Hearing Detection and Intervention (EHDI) Program under its role as the State's public health program for hearing detection, follow up, and surveillance for children from birth through age 3. Under a federal HRSA grant that began in April 2024 (Funding Opportunity HRSA-24-036), the Program is tasked with extending hearing screening surveillance and follow-up beyond the traditional newborn period (birth to six months) through age three. The request seeks access to Statewide Data Infrastructure (SDI) data for the limited purpose of supplementing EHDI's existing case ascertainment and surveillance activities with hearing screening events, diagnostic evaluations, hearing loss diagnosis, and language development assessments that are not consistently captured in the EHDI Information System (EHDI-IS) through existing hospital and provider reporting channels. The cohort is all children in New York State from birth through 36 months of age.

Congenital and early onset hearing loss is among the most common conditions identified through newborn screening in New York State. Timely identification, diagnostic confirmation, and connection to intervention services are essential to language acquisition, social and cognitive development, and long term educational outcomes for affected children.

EHDI-IS receives data primarily from hospital newborn hearing screening reports and provider-submitted diagnostic and intervention data. Two persistent gaps in limit the completeness and timeliness of EHDI's surveillance picture: 1) hearing loss that emerges or is diagnosed after a child

passed the newborn hearing screening at birth, and 2) under-reporting of re-screens and diagnostic follow-up evaluations performed after hospital discharge.

The requested SDI data will be used to match records against EHDI-IS and the underlying birth cohort to identify these cases and to support routine program monitoring, including timeliness of screening, diagnosis, and intervention enrollment. Information confirmed from SDI data will be incorporated into EHDI-IS and managed under the program's existing confidentiality framework.

## NYeC Review

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

I. Procedure

☒ Made by an Authorized Requester

Authorized Requester Name: Deirdre Depew

Authorized Requester Title: Director

Authorized Requester's Organization/Entity Name: New York State Department of Health, Office of Health Services Quality and Analytics

☐ 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 access the requested SHIN-NY information for this use case is established under its role as a public health authority under HIPAA (45 C.F.R. §§ 164.501, 164.512(b)). The Department is the State agency responsible for hearing detection, follow-up, and surveillance for children from birth through age three pursuant to its general public health authority (Public Health Law §§ 201, 225), Public Health Law § 2500-g, and the Newborn Infant Hearing Screening and Early Intervention Program regulatory framework (10 N.Y.C.R.R. Subpart 69-8). The EHDI Program is the operational home for hearing screening surveillance, follow-up, and program monitoring within the Department and conducts these activities as core statutory public health functions.

The requested identified SHIN-NY data will be used by the EHDI Program, without patient authorization, for public health surveillance and related public health follow-up activities, specifically to: (1) identify hearing screening events, risk screenings, and diagnostic evaluations occurring after newborn hospitalization that are not currently captured in EHDI-IS; (2) identify children with confirmed hearing loss diagnosed and not currently reflected in EHDI-IS; (3) assess language acquisition and development outcomes among children with confirmed hearing loss; (4) monitor program performance measures, including timeliness of screening, diagnosis, and intervention enrollment; and (5) identify demographic and geographic disparities to inform quality improvement and required public health reporting. Access to identifiable data is requested solely to enable record linkage, deduplication, case-status confirmation, and program-level monitoring. SHIN-NY data will not be used to contact families directly and identifiable SHIN-NY data will not be shared with providers; the identified data is for internal program use only. Program-level communication with providers or care coordinators regarding follow-up completeness will be conducted under existing EHDI Program protocols and applicable statutory authority. The disclosure of identifiable SHIN-NY data for the case ascertainment, program monitoring, and surveillance purposes described herein is consistent with the SHIN-NY regulations and SHIN-NY Standard Operating Procedures governing disclosures for public health permitted purposes, and falls within the surveillance activities authorized by Public Health Law § 2500-g, Public Health Law Article 25, Title II-A, and 10 N.Y.C.R.R. Subpart 69-8. Disclosure for these purposes is further supported by the evaluation exception under FERPA and IDEA Part C (34 C.F.R. 99.35(a)(1), 303.414(b)(2), which permits disclosure of limited peronally identifiable information under a written agreement for the evaluation of a federally

supported education program, including the Early Intervention Program for which the Department serves as lead agency.

To support this use case, NYeC intends to use AI developed tools within the SDI environment to extract from narrative fields, such as clinical notes, only the specific data elements identified in Appendix A, rather than disclosing the entire underlying clinical record. The SCPA permits NYeC to conduct inquiries and discovery with respect to SDI data to assess the feasibility of filling a data use request, along with related data quality assurance (*See* SCPA 9.2(b)(vii), and NYeC is developing and piloting the AI tool(s) under that authority through the Statewide Collaboarative Process (SCP) AI Workgroup. The SHIN-NY AI Governance SOP remains in development and is being tested thourgh this pilot. Lessons learned will be incorporated into the final SOP and governance framework, subject to approval by the SCP Committees, the NYeC Board and DOH. No data will be disclosed to the Department as part of this feasibility pilot. This Summary Memo does not authorize the AI tool(s) thgemsleves, approval extends solely to the disclosure of the requested data to the Department for the purposes described above.

Consistent with the data use request, identifiable data obtained pursuant to this approval will be accessed only by authorized EHDI Program personnel with a need to know and any approved agents or contractors operating under equivalent confidentiality protections. Data will be stored on encrypted, access-controlled systems with role-based access, multifactor authentication where available, and audit logging. Information confirmed from SHIN-NY data will be incorporated into EHDI-IS and managed under the Program's existing confidentiality framework applicable to Public Health Law § 2500-g and 10 N.Y.C.R.R. Subpart 69-8 data. Raw SHIN-NY transmittal files will be retained only as long as needed to complete linkage and case ascertainment activities for the transmittal cycle and then securely destroyed in accordance with applicable retention requirements and organizational procedures. Identifiable data will not be disclosed or redisclosed outside the Department and its approved agents and contractors.

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 the approved data use request. Information incorporated into EHDI-IS through this approval becomes part of the Program's protected data set and is governed by the confidentiality provisions applicable to EHDI-IS data, as well as the ongoing obligations of the SCPA, DUCA, SHIN-NY regulations, and SHIN-NY SOPs to the extent such obligations apply. Aggregate and deidentified analytic outputs derived from data received under this request will be limited to internal EHDI Program monitoring, required public health reporting, and statewide surveillance and program-performance products produced in aggregate form sufficient to prevent reidentification. Any other proposed use, redisclosure, of the data received under this request, including any research use, external sharing beyond required public health reporting, expansion of scope beyond hearing detection, diagnostic follow-up, and language acquisition surveillance or use for individual-level outreach based on SHIN-NY data, would require separate authorization. The request as framed is reasonably related to the stated public health objective and is consistent with HIPAA's minimum necessary standard (45 C.F.R. § 164.514(d)) and the limitations and conditions contemplated by the SCPA, DUCA, SHIN-NY regulations, and SHIN-NY SOPs.

NEW YORK eHEALTH COLLABORATIVE

## 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: Alexandra Fitz CB567B7186BD443...

8/6/2026

NYeC Head of Enterprise Inititiatives — Date

DocuSigned by: Charlie Feldman 0CADF6960C7C420...

8/6/2026

NYeC Privacy & Compliance Officer — Date

NEW YORK eHEALTH COLLABORATIVE

# SDUC Determination

☒ Approved

☐ Denied (description of reason[s]):

Signed by:
Paul L. Ulrig
0CB111D8525B412...

8/25/2026

SDUC Chair

Date

5 Penn Plaza, 12th Floor, New York, NY 10001
99 Washington Avenue, Suite 1750, Albany, NY 12210 | (518) 299.2321
nyehealth.org

| **Project Name:** Detection of Hearing Issues for Children and Assessing Language Acquisition Among Deaf and Hard of Hearing Children up to age 3<br>**Tracking ID: DG-60** | |
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| **A. Request Overview** | |
| ***Item*** | ***Response*** |
| 1) **Authorized Requester Information Description**<br>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.) | New York State Department of Health, Early Hearing Detection and Intervention (EHDI) Program - State Government Agency |
| 2) **Project Description**<br>Summary of the project including how this data will be used. | EHDI is the State's designated program for hearing detection, follow up, and surveillance for newborns. However, with a new HRSA Grant deliverable that started in April 2024, the Program is tasked with assessing, and finding ways, to increase newborn hearing screening from the traditional birth to 6 months now up to 3 years of age.<br><br>EHDI seeks SHIN-NY data to better understand what screening data is available statewide past the newborn age (6 months).<br><br>This project, "Detection of Hearing Issues for Children and Assessing Language Acquisition Among Deaf and Hard of Hearing Children" supports statewide public health efforts to ensure timely identification of children with potential or confirmed hearing loss and to promote appropriate diagnostic follow-up, connection to early intervention services, and evaluate appropriate language acquisition among deaf and hard of hearing (DHH) children.<br><br>For this project, Statewide Data Infrastructure (SDI) data will be used to enhance EHDI Program surveillance by identifying hearing issues in children beyond the newborn period up to age 3 and assessing language acquisition among DHH up to age 3.<br><br>This will enable accurate record linkage and de-duplication across reporting sources and |

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| | support routine program monitoring (including timeliness of screening, diagnosis, referral, language acquisition and geographic and demographic trends).<br><br>The requested dataset (see Appendix A) will be used to identify relevant screening results, hearing-related diagnoses/procedures, and language acquisition to enhance the ability to track screening, diagnosis and interventions through age 3. The data will allow EHDI to associate records with the correct individual and provider and generate aggregate analyses and internal reporting to guide quality improvement and targeted outreach. Individually identifiable fields and provider information are requested to perform necessary matching and follow-up coordination; outputs for reporting will be produced in aggregate/de-identified form where feasible and consistent with the approved SDI Data Use Request.<br><br>There are 3 primary goals of this data request:<br><br>(1) Identify hearing screening results and diagnosed hearing loss that occurs between birth and age 3, augmenting EHDI's newborn screening surveillance to capture cases that emerge or are diagnosed after the newborn period to age 3.<br><br>(2) Assess language acquisition and development among children with hearing loss to systematically identify diagnosis, follow- up, and treatment gaps.<br><br>(3) Identify hearing screening events, rescreens and diagnostic follow ups not currently captured in EHDI-IS, improving completeness of EHDI surveillance. |

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| 3) **Permitted Purpose Description** | ☒ Public Health Activity Permitted Purpose<br>☒ Data Use Request with Individually Identifiable Health Info (e.g. PHI)<br>☐ Narrow Data Use Request (e.g. de-identified; LDS). If this box is checked, Requester must complete attestation below in Section D(3)(c).<br>☐ Data Use Request for Urgent Public Health Surveillance<br>☐ Medicaid Permitted Purpose<br>☐ Data Use Request<br>☐ Narrow Data Use Request (e.g., de-identified; LDS) If this box is checked, Requester must complete the attestation below in D(3)(c).<br>☐ Other: Click or tap here to enter text. |
| 4) **Description of Intended Use**<br>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. | SDI data will be used by the EHDI program to support public health activities related to early hearing detection and intervention, including: (1) identifying and validating infants/children with newborn/early childhood hearing screening results and potential or confirmed hearing loss; (2) assessing language acquisition and development among infants/children with hearing loss; (3) matching across sources to improve completeness, timeliness, and accuracy of EHDI surveillance and follow-up (e.g., missed/late follow-up, duplicate records, out-of-state care indicators where available); (4) monitoring program performance measures and disparities by demographic and geography (e.g., county, race/ethnicity, sex) to inform quality improvement and targeted outreach; and (5) producing internal dashboards and required public health reporting in aggregate/de-identified form where feasible. Access to individually identifiable information and provider information is requested solely to enable record linkage, de-duplication, and program-level monitoring of screening, diagnostic, and tracking of whether children in the population received required follow up steps within the recommended timeframes. Data will not be used for marketing.<br><br>Downstream use of aggregate and deidentified outputs derived from SDI data will be limited to (a) internal EHDI program monitoring; (b) required |

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| | public health reporting, and (c) statewide surveillance reports and program performance publications produced in an aggregate form sufficient to prevent reidentification. Aggregate outputs will remain subject to the ongoing obligations of the SCPA, DUCA, SHIN-NY Regulations and SHIN-NY SOPs governing use of information derived from SHIN-NY sources including restrictions on re-identification and redisclosure. Identifiable data acquired from SHIN-NY will not be shared with providers. This information is for internal program use only and will inform quality improvement of program deliverables and outcomes. This may include identifying hospitals/providers that have identified gaps in data that require program intervention or assessing trends in data such as counties with more outstanding infants missing hearing screening results. |
| 5) **Target Population Inclusion**<br>Specify the criteria used for the dataset. Typical inclusion criteria are: demographic, clinical, and geographic characteristics. | All children from birth to 36 months in New York State. |
| 6) **Target Population Exclusion**<br>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.) | Children older than three-year-old without any hearing or language related encounter are outside the scope of this request. |
| 7) **What law, regulation, rule or agreement grants the authority to obtain this information?**<br>Identify, in detail, the laws, regulations, contracts, SHIN-NY SOPs and other governing documents that allow and authorize access to the data requested. | NY PHL § 2500-g ("Newborn Infant Hearing Screening")<br><br>10 NYCRR Subpart 69-8 (Testing for Phenylketonuria and Other Diseases and Conditions/Early Intervention Program/Newborn Hearing Screening")<br><br>PHL Article 25, Title II-A (Early Intervention Program); (*see "Eligible Child" definition*)<br><br>34 CFR §§ 99.35(a)(1), 303.414)b)(2) *(Family Educational Rights and Privacy Act and* |

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| | *Individuals with Disabilities Education Act – Evaluation Exception)*<br><br>EHDI State/Territory Program Funding Opportunity Number: HRSA-24-036<br><br>Per consult with DLA- "the combination of the explicit integration of newborn hearing screening with the EIP in 10 NYCRR Subpart 69-8, and the federal IDEA/FERPA evaluation exception and EHDI grant requirements supplies a coherent basis for the Department to receive, maintain, and use hearing-screening and related follow-up data for children **from birth through age three** for the public-health and program-evaluation purposes." |
| 8) **Is this data currently being supplied to Requester from another source? *** (yes/no) | No |
| 9) *If Yes, explain where data is being supplied from and why Statewide Data Infrastructure (SDI) Data is being requested.<br>(SDI data is data held in the "statewide repository" referred to in 10 NYCRR §300.2(f)(5)) | Click or tap here to enter text. |
| 10) **What is the expected start date of this project?**<br>The date when the project work is expected to begin (Mo/Day/Yr.). | 8/1/2026 |
| 11) **Is this request time-sensitive and/or critical? *** (yes/no) | No |
| 12) *If time-sensitive or critical, explain | Click or tap here to enter text. |
| 13) **When is this information needed?**<br>The date by which Requestor would need the report/data (Mo/Day/Yr.). | 8/1/2026 |

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| 14) **What is the expected end date of this project?** The date when the project is expected to end (Mo/Day/Yr.). | ongoing |
| **(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.) | See Appendix A – Data Elements. Requested data elements include: patient demographics/information (name, date of birth, county, ethnicity, race, sex); laboratory values/results/dates; provider information (type/location/contact information); clinical notes (hearing screening results and dates—LOINC); diagnoses/procedures using ICD-10 and CPT code sets; language development assessment results and language development milestones; and narrative text as listed in Appendix A |
| 2) **Is the data being requested 1) individually identifiable health data, 2) limited data set (LDS)* or 3) de-identified*? (select from drop down, see page 7 for more information).** *If the data requested is a Limited Data Set (LDS) or de-identified data, Requester must complete attestation below in Section D(3)(c). | Individually identifiable health data (includes direct identifiers such as name and date of birth). |
| 3) **Proposed delivery method*** | Secure File Transfer via Health Commerce System |
| 4) *If selected "other" above for delivery method, please explain the proposed delivery method. Only methods with secure encryption mechanisms will be accepted. | Click or tap here to enter text. |
| 5) **What is the requested format for the data?** (examples include XLS, txt, CSV) | CSV (preferred) or Excel (XLSX), with a data dictionary/field definitions (including code system/version for LOINC, SNOMED CT, ICD-10, and CPT) and code values as applicable. |
| 6) **What safeguards will you put in place to protect the data?** | Data will be accessed and used only for the approved purpose and limited to authorized workforce members with a need to know. Files will be stored only on encrypted, access-controlled systems (encryption at rest and in transit), with role-based access, multi-factor |

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| | authentication where available, and audit logging. Data will not be re-identified beyond what is necessary for the approved use case, will not be disclosed except as authorized, and any suspected or confirmed improper access/use/disclosure will be reported promptly in accordance with applicable policy and SHIN-NY/SDI requirements. |
| 7) **How will files be handled/stored/deleted at the end of the project?** | Data files will be stored in an access-restricted project folder on an encrypted system for the duration of the project. Only the minimum necessary extracts will be retained. At project close (or upon request/termination), files will be securely destroyed in accordance with applicable retention requirements and organizational procedures (e.g., secure deletion for electronic files and secure shredding for any printed materials), and any derived datasets will be retained only as permitted for the approved purpose and then destroyed on the same schedule. |
| 8) **Select "Yes" to indicate adherence to the standard of minimum necessary data requests. (This field cannot be blank.)** | Yes |
| **(C) Program/Project Contact Information xx** | |
| **1.Program Lead Contact Information** | |
| Name (First, Last): | [redacted] |
| Bureau/Unit: | Bureau of Data Analytics, Research and Evaluation (BDARE), Division of Family Health |
| Email: | [redacted] @health.ny.gov |
| Phone Number: | [redacted] |
| **2. Other Project Team Members** | |
| a) Team Member 1 (Name, Employer, Contact Info) | [redacted], Bureau of Perinatal, Reproductive, and Sexual Health (BPRASH), [redacted] @health.ny.gov |
| b) Team Member 2 (Name, Employer, Contact Info) | [redacted], Bureau of Data Analytics, Research and Evaluation (BDARE), [redacted] @health.ny.gov |
| c) Team Member 3 (Name, Employer, Contact Info) | [redacted], BPRASH, [redacted] @health.ny.gov |

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| d) Team Member 4 (Name, Employer, Contact Info) | [redacted], BDARE [redacted]@health.ny.gov |
| e) Team Member 5 (Name, Employer, Contact Info) | [redacted], BPRASH [redacted]@health.ny.gov |
| f) Team Member 6 (Name, Employer, Contact Info) | [redacted], BPRASH [redacted]@health.ny.gov |

## (D) Data Use Request Authorized Requester Attestation & Agreement Form

**1) Name of Requester's Organization: NYS Dept of Health, Division of Family Health, Bureau of Data Analytics, Research and Evaluation and Bureau of Perinatal, Reproductive and Sexual Health**

**2) Authorized Requester Information**

Name: [redacted]

Title: Research Scientist

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:***

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|---|---|
| i. Request is for a **Public Health Activities** by Public Health Authority.<br>**OR**<br>Request is for a **Medicaid Permitted Purpose** | ☒<br>☐ |
| ii. Request is in compliance with the SCPA, DUCA, SHIN-NY Regulations and SHIN-NY SOPs. | ☐ |
| iii. Request is in compliance with applicable law. | ☐ |
| iv. Data elements requested meet the standard of minimum necessary. | ☐ |

***b) Safeguards and Protections Attestation:***

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| 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)***

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| *(select one or both, or neither)*<br>**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)

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9/7/2026

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 un authorized 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.

**d) Attestations Regarding Potential Violation of this Data Use Request**

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| 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 | |
|---|---|
| [redacted] Digitally signed by Deirdre Depew Date: 2026.08.05 09:49:09 -04'00' | **Date of Signature:** Click or tap to enter a date. |

| Data Element Class | Data Element | Data Element Standard | Data Standard Code Values* | Description of Code |
|---|---|---|---|---|
| Patient Demographics/Information | Name/DOB/County | | | Name/DOB/County |
| Patient Demographics/Information | Ethnicity | CDC Race and Ethnicity Code Set Version 1.3 May 2025 | - | |
| Patient Demographics/Information | Race | CDC Race and Ethnicity Code Set Version 1.3 May 2025 | - | |
| Patient Demographics/Information | Sex | SNOMED CT | - | |
| Laboratory | Values/Results | SNOMED CT | | Document Hearing Screening Results for right and left ear if any in SNOMED? |
| Provider information | Type/location/contact info | | | Provider Type/location/contact info |
| Clinical Notes | Hearing Screening Result | LOINC | | Document Hearing Screening Results for right and left ear. |
| Diagnoses | | ICD-10 | H90.0 | Conductive hearing loss, bilateral (both ears) |
| Diagnoses | | ICD-10 | H90.11 | Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side |
| Diagnoses | | ICD-10 | H90.12 | Conductive hearing loss, unilateral, left ear, with unrestricted hearing on the contralateral side |
| Diagnoses | | ICD-10 | H90.2 | Conductive hearing loss unspecified |
| Diagnoses | | ICD-10 | H90.A11 | Conductive hearing loss, unilateral, right ear, with restricted hearing on the contralateral side |
| Diagnoses | | ICD-10 | H90.A12 | Conductive hearing loss, unilateral, left ear, with restricted hearing on the contralateral side |
| Diagnoses | | ICD-10 | Z01.110 | Encounter for hearing examination following failed hearing screening. |
| Diagnoses | | ICD-10 | Z01.118 | Encounter for examination of ears and hearing with other abnormal findings [Use additional code to report abnormal findings] (Failed repeat screening) |
| Diagnoses | | ICD-10 | H90.A21 | Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side |
| Diagnoses | | ICD-10 | H90.A22 | Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side |
| Diagnoses | | ICD-10 | H90.A31 | Mixed conductive and sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side |
| Diagnoses | | ICD-10 | H90.A32 | Mixed conductive and sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side |
| Diagnoses | | CPT | 93558 | OAE Screening (automated) |
| Diagnoses | | CPT | 92650 | Auditory evoked potentials; screening auditory potential with broadhand stimuli, automated analysis AABR Screening (automated) |
| Diagnoses | | CPT | 92558 | Evoked otoacoustic emissions, screening. Automated analysis (Diagnostic Otoacoustic Emissions (OAE)) |
| Diagnoses | | CPT | 92567 | Tympanometry (impedance testing) |
| Diagnoses | | CPT | 92568 | Acoustic reflex testing, threshold |
| Diagnoses | | CPT | 92570 | Acoustic immittance tesing, includes tympanometry (impedance testing), acoustic reflex threshild testing and acoustic reflex decay testing |
| Diagnoses | | CPT | 92583 | Select picture audiometry |
| Diagnoses | | CPT | 92587 | Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorders, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report. |
| Diagnoses | | CPT | 92588 | Comprehensive diagnositc evaluation ( quantitative analysis of outer hair cell function by cochlear mapping, minimum 12 frequencies. |
| Diagnoses | | CPT | 92652 | Diagnostic ABR |
| Diagnoses | | CPT | 92550 | Tympanometry and reflex threshold measurements |
| Plan of Care / Interventions | • Speech-Language Pathology (SLP) notes<br>• Auditory-Verbal Therapy (AVT) sessions<br>• Sign language instruction mapping | LOINC / SNOMED CT | 28571-8 (LOINC) | Identifies the therapeutic methodology shaping the child's linguistic trajectory. (Note: 28571-8 is the LOINC code for Speech-language pathology note) |
| Medical Equipment / Procedures | • Device implant models/serial numbers<br>• Device mapping parameters<br>• Compliance data logs | SNOMED CT / UDI | 708553008 (SNOMED CT) | Provides an objective record of auditory access continuity, separate from parental reporting. (Note: 708553008 is SNOMED CT for Cochlear implant system component. Specific models use FDA UDI standards) |
| Social History | • Preferred primary language at home<br>• Interpreter requirements / accommodations<br>• Multilingual learner (DML) status | LOINC | 45402-5 | Controls for compounding linguistic variables, such as children navigating a heritage spoken language alongside sign language (Andersson, 0000). (Note: 45402-5 is the LOINC code for Language.primary) |
| Results / Assessments | • Standardized scores (e.g., CDI, PLS-5, Reynell)<br>• Audiograms (PTA, Speech Recognition Thresholds) | LOINC | 11504-8 | Establishes the formal baseline for expressive/receptive language delays. (Note: 11504-8 is a standard LOINC code for Audiology study) |