

Medical Director, HIV Continuum of Care Collaborative  
BC Centre for Excellence in HIV/AIDS  
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**Date:**

**Subject: Request for HSDA Profile Reports**

To the Medical Director of the HIV Continuum of Care Collaborative:

As Regional Coordinator for an HIV Continuum of Care Collaborative team, I am committed to improving the quality of care and outcomes of HIV-positive individuals. Aggregate clinical data available through BC-CfE's *HSDA Profile Reports* will help me identify areas for improvement and enable my team to better target our initiatives.

Given my commitment to quality improvement, I request that BC-CfE provide an *HSDA Profile Report* for my region on a \_\_\_\_\_ (monthly, bi-monthly, or quarterly) basis until November 2015. I understand that this information is for quality improvement purposes only and is not authorized for research or publication.

I understand that the requested reports contain non-nominal data that is sensitive in nature and that these reports will be sent to me via secure fax. I understand that the original data shall remain in the custody and control of BC-CfE and that this request is contingent upon internal review by BC-CfE. This internal review process will involve authenticating my request, as well as the fax number listed in this letter. I understand that BC-CfE will not authorize *HSDA Profile Reports* in instances where the data is assessed to be potentially identifiable (e.g. numerator of five or less individuals).

My contact information is provided below for the purpose of processing my data request. I understand that the personal information I provide in this letter is subject to the Freedom of Information and Protection of Privacy Act of BC.

**Address:**

**Postal Code:**

**Phone Number:**

**E-mail Address:**

**Fax Number:**

Thank you for considering this request.

Sincerely,

**Print Name:**

**HSDA Number:**

**Signature:**