Privacy Policy*

1. Identifiers such as name, initials or full date of birth (e.g. year/month/day) may not permitted for release for research purposes. These must be replaced with ID numbers, pseudoinitials and partial date of birth (Month/Year) on any data released from the institution.

2. Please note that shared electronic health systems such as ConnectingOntario, OLIS, eHealth do not permit access for research purposes.

Shared electronic health systems may not be used as a source for research participant data. For example, if the coordinator for the research study is also a clinical nurse/respiratory therapist treating the patient clinically and has access to the shared electronic health system to see patient information, they cannot access shared electronic health system for research purposes.

Informed Consent Requirements*

In the confidentiality section, please add the following bullet to the list of representatives that will have access to study data for the purpose of quality assurance:

- Representatives of Oak Valley Health to oversee the conduct of clinical research studies at this location.

*CTO does not screen CTO Stream submissions for these requirements

NOTE: this bullet must replace alternate wording (e.g., “insert research site name, to oversee the ethical conduct of research at this site”) present in the provincially-approved consent form.
Reminder: Institutional Research Administration Requirements
The CTO Streamlined System provides a streamlined approach to research ethics review. Each participating site must ensure that all necessary institutional authorizations and contracts/agreements are in place prior to beginning the research.

Research Training
All individuals (e.g., investigators, coordinators, and any other personnel conducting research activities including students, trainees, fellows, etc.) involved in research activities at Oak Valley Health (i.e., any involvement at a site, on behalf of a site, with site participants/charts/identifiable data, etc.) are required to complete research training. Please visit the Research Acorn (internal) page for more details.

Impact Assessment (IA)
If your research study will impact any departments or resources at Oak Valley Health, the study will be required to go through an impact assessment process. Please visit the Research Acorn (internal) page for more details. If you have any questions, please contact Michelle Dimas at mdimas@oakvalleyhealth.ca to learn more about this process.

Research Contracts/Agreements
If the study requires a research contract, this must be in place prior to conducting any research activities. Please contact Michelle Dimas at mdimas@oakvalleyhealth.ca to learn more about this process and if a contract/agreement is needed for your research study.

Please see the Documented Institutional Ethics Requirements (DIER) form for Oak Valley Health’s site-specific requirements to be incorporated into your Centre Initial Application. Questions on these requirements can be directed to Michelle Dimas at mdimas@oakvalleyhealth.ca.

CTO Stream Collaborators:
The following collaborators must be given a role on all Provincial Initial Application (PIA) forms and Centre Initial Application (CIA) forms.

Email: mdimas@oakvalleyhealth.ca
Role: Institutional Representative

Email: harper@oakvalleyhealth.ca
Role: Institutional Representative
This access is automatically granted when the Centre Initial Application is created. **When Oak Valley Health is the Provincial Applicant site the research team should immediately create the CIA for Oak Valley Health (right after creating the PIA).** This will ensure that access is automatically granted as required above, otherwise the research team will need to manually add these roles to the PIA prior to submission.

**Institution Representative in application forms**

The Primary Institution Representative must be indicated as follows in the applications within CTO Stream:

- **Title:** Ms.
- **First Name:** Michelle
- **Surname:** Dimas
- **Organization:** Oak Valley Health
- **Address:** 381 Church Street, A1741, PO Box 1800
- **City:** Markham
- **Province/State:** Ontario
- **Postcode/Zip:** L3P 7P3
- **Telephone:** (905) 472-7373 Ext. 6253
- **Fax:** N/A
- **Email:** mdimas@oakvalleyhealth.ca

The Secondary Institution Representative field should be left blank.