**Request for ARECCI Second Opinion Review**

**Date of submission:**

**Project title:**

**Project lead:**

**Email:**

**Phone:**

**Organization/Department:**

**Type of project:** [ ]  **Quality Improvement** [ ]  **Program Evaluation**

[ ]  **Needs Assessment** [ ]  **Other:**

**Purpose of project (brief description):**

**Areas of ethical concern in the project:**

*Second Opinion Reviews are usually completed within two weeks*

*after receiving all applicable information and documentation.*

**Attachments**

|  |  |
| --- | --- |
| [ ]  Completed ARECCI Ethics Screening Tool (**Required**)[ ]  Completed ARECCI Ethics Guidelines Tool (**Required**)[ ]  Consent forms and scripts (if applicable) | [ ]  Data collection tool(s) (if applicable)[ ]  Project charter or proposal (if applicable)[ ]  Additional material to support the review |

*Please print / save a copy of this form for your records. Submit this form (along with attachments) to* *ARECCI.Health@albertainnovates.ca**.*

ARECCI - TERMS OF USE

Alberta Innovates is collecting your personal information under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act.

USE AND DISCLOSURE WARRANTY

The Applicant represents and warrants that it has obtained all necessary legal permissions to collect, access, disclose, use, any and all information (collectively, the ‘Information’).  The Applicant also represents and warrants that its use of such Information complies with all applicable data protection and privacy laws and regulations, including but not limited to the Alberta Freedom Of Information and Protection of Privacy Act (‘FOIP’), the Alberta Personal Information Protection Act(‘PIPA), Canada’s Personal Information Protection and Electronic Documents Act (‘PIPEDA’) and the European Union General Data Protection Regulation 2016/679 (‘GDPR’).  Further, the Applicant acknowledges and agrees that non-identifying health information will be uploaded into the EDGE system and may be accessed and used by third-party users, such as programs administered by Alberta Health Services, Covenant Health, and Alberta Innovates as required for administrative purposes.

By submitting this application, you have read and agree to the above Terms of Use.

If you have a question or concerns about any collection, use or disclosure of information by EDGE Alberta, please contact the ARECCI Manager, by email at ARECCI.Health@albertainnovates.ca