SUPPLEMENTAL EXTENSION FORM

HCAI-OIS-196 (New 10/2026)

Please complete the following questions and add it as an attachment to your current Limited Data Request submission.

After review, HCAI will determine if your organization qualifies to retain more than 10 years of data.

Organization Type:

- ☐ Local Health Department
- ☐ Hospital

Supplemental Questions:

Current Data:

Was your organization granted an Extension and approved to maintain more than 10 years of data last year?

- ☐ Yes
- ☐ No

Please provide the previous HCAI/OSHPD request number(s) that are associated with this project.

Please select the data sets and years that your organization currently has access to.

Select	Data Type	List Years
☐	Patient Discharge Data (PDD)	
☐	Emergency Department Data (EDD)	
☐	Ambulatory Surgery Data (ASD)	

New Data Requested:

What additional years of data is your organization requesting beyond the 10 years you currently have?

- ☐ 2025 only (current data release)
- ☐ Other

Please provide a justification for the requesting more than 10 years of data.

SUPPLEMENTAL EXTENSION FORM

HCAI-OIS-196 (New 10/2026)

Please provide estimated dates for the following:

*Note: these dates cannot exceed 10 years beyond the date of this application. These dates may be extended with each annual data submission as necessary.

Anticipated Project Completion Date	
Anticipated Data Destruction Date	