

## Request for Aggregate or De-identified Public Health Data

### Requestor Information

Requestor Name

Title

Office

Address

City

State

Zip

Email

Phone

Type of User

### Data information

Requesting data from

Description of data (complete list of requested fields may be attached)

\*"PHI" or "Protected Health Information" is any individually identifiable health information that can be linked to a particular person. Common identifiers include names, social security numbers, addresses, phone numbers, birthdates and account numbers.

### Confidentiality Statement

By completing and submitting this request for data, I certify or agree to the following (must initial all):

1. This data has been requested for use(s) approved by
2. All data obtained as a result of this agreement shall be kept confidential, not to be duplicated, published in raw form or disclosed to any other individual, program or agency unless authorized in writing by DHH.
3. The data will be used only for purposes permitted by these terms, and applicable local, state, national, or international laws, rules or regulations.
4. Data cannot be reproduced, duplicated, copied, sold, traded or resold, either in part or in full, for any purpose.
5. Information may not be disclosed in a manner that is in violation of any federal, state, or local law or regulation.
6. No follow-up with any healthcare provider or an individual subject of the data may be done without written approval.
7. Records are to be stored in secure locations.
8. Data must be credited to the "DHH/OPH Center for Population Health Informatics" in all forms of release.
9. Reports and analyses created from this data must be shared with DHH prior to release.

Signature