

CENTER FOR POPULATION HEALTH INFORMATICS
Interoffice Request / Disclaimer for Data Access

Date of Application: _____ Requestor: _____

Requestor Title and Office/Bureau: _____

Phone _____ Fax: _____ Email: _____

Requesting Data from Office/Bureau _____

This data contains

Please describe the data you are requesting, listing all data elements and groupings. A complete list of data elements may be attached.

Please describe the purpose for which you need the data.

Please describe how the data will be used in the planning, administration or performance of DHH's public health activities or healthcare services or operations.

Confidentiality Statement:

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

1. I understand the data I am receiving contains **Protected Health Information (PHI)** and is subject to protection under the [Health Insurance Portability and Accountability Act](#) (HIPAA) and the [Health Information Technology for Economic and Clinical Health Act](#) (HITECH.)
2. This data is limited to the use of treatment, payment, or operations of public health activities or healthcare services on behalf of a Program Office in DHH.
3. Access to this data is essential for the planning or performance of my required duties.
4. All data obtained as a result of this agreement shall be kept confidential, not to be duplicated, published or disclosed to any other individual, program or agency unless authorized in writing by the Program Office.
5. Data cannot be reproduced, duplicated, copied, sold, traded or resold, either in part or in full, for any purpose.
6. Information may not be disclosed in a manner that is in violation of any federal, state, or local law or regulation.
7. No follow-up with any healthcare provider or an individual subject of the data may be done without written approval.
8. Records are to be stored in secure locations and accessed with local PCs encrypted with BitLocker Drive Encryption.
9. The data exchanged will be read-only, downloaded to the DHH SAS server, and securely exchanged via SMTP messaging with TLS encryption.
10. Unauthorized use or disclosure of data not permitted by this application must be reported in writing to the Data Steward.
11. Reports and analyses created from this data must be shared with the Data Steward prior to release.
12. Unauthorized disclosure by a DHH employee may result in disciplinary action in accordance with applicable departmental policies and procedures, and may carry fines and/or imprisonment under the HITECH Act.

Signature _____ Date _____

Request is **Approved** **Disapproved** **Returned for more information** on _____

By _____
Signature of Data Steward _____ Program Office _____