

# Data Request Form

Requests for non-routine data, including any request for Division data sets, data matches or patient identifying information, must be submitted in writing to the Director of STD Surveillance, Operations and Data Administration for data release consideration. Clear explanation should be provided regarding proposed data needs. Submission of this request does not guarantee approval and/or release of Division of Disease Prevention data.

Submission Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Requestor: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Title: \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Organization: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Purpose of Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Data Requested: [include timeframe(s), disease (s), demographics, etc]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Data Use Methodology [if a research study/project, attach complete study design proposal]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Data Protection Mechanisms [staff accessibility, electronic security, locks, etc]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At the conclusion of this project, the data will be: *(check one)*

Returned to the Division of Disease Prevention

Destroyed

Method:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

cc: **Data Recipient**

Director of STD Surveillance, Operations and Data Administration

# Data Recipient Agreement

***The undersigned hereby agrees to the following terms and conditions relating to any data requested of the Virginia Department of Health Division of Disease Prevention:***

- A. The information obtained through this data request will be used only for surveillance of treatment, care and/or disease trends, prevention strategies or for statistical purposes in medical and health research.
- B. No data shall be released or published by the data recipient in any form potentially identifying a particular individual, physician, hospital or other reporting source. Data subsets without personal identifiers must comply with confidentiality guidelines based on data cell size as approved by the Division of Disease Prevention.
- C. By signing this agreement the data recipient agrees to abide by the Division of Disease Prevention's Security & Confidentiality Policies and Procedures.
- D. Any identifying information in this data request shall not be used as a basis for legal, administrative, or other actions that may directly affect those particular individuals or establishments as a result of their specific identification in this project.
- E. Information obtained through this request shall not be distributed to anyone else, including subcontractors and third-party analysts. The data shall not be used for any project other than the intended use specified in the data request.
- F. Unless specified and approved through the original proposal, no "follow-back" investigations to obtain additional information from physicians, hospitals, or patients shall be undertaken.
- G. All data received from the Division of Disease Prevention shall be returned to the Division or disposed of by an approved method at the end of the project. The data recipient shall state the method of return or disposal prior to receipt of the data. Written confirmation of data destruction is required and should be sent with attention to the Director of STD Surveillance, Operations and Data Administration at 109 Governor's Street, Richmond, VA 23219.
- H. If the requestor of data for a given project changes, the organization receiving the data shall inform DDP, as outlined on the Data Request Form.
- I. Any suspected or confirmed breach of data confidentiality or security shall be immediately reported to the Director of the Division of Disease Prevention.
- J. Draft versions of all work products shall be sent to the Division of Disease Prevention for review and approval prior to any distribution. Sufficient time should be allotted to allow for review and comments prior to distribution.
- K. A copy of all final work products resulting from use of the data shall be sent to the Division of Disease Prevention prior to or at the time of distribution.

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As a recipient of data from the Virginia Department of Health Division of Disease Prevention, I agree to abide by the above stipulations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Organization:** \_\_\_\_\_