

REQUEST FOR NON-PUBLIC OSHPD DATA RELEASE FORM

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR HEALTH STATISTICS  
OFFICE OF HEALTH INFORMATION & RESEARCH

For CHS/OHIR Staff Use
Request #: _____
Date Rec'd: _____
Date Completed: _____

Requestor: \_\_\_\_\_ Department: \_\_\_\_\_  
Branch: \_\_\_\_\_ Section: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Which data files are you requesting? (Please check all that apply.)  
 Patient Discharge Data     Emergency Room Data     Ambulatory Surgery Center Data  
 Linked Files (specify) \_\_\_\_\_

The data are to include the following year(s): \_\_\_\_\_

ON THIS APPLICATION, PLEASE COMPLETE THE NUMBERED ITEMS. ADD ADDITIONAL PAGES IF NECESSARY. SIGN THE STATEMENT OF AGREEMENT TO MAINTAIN PATIENT CONFIDENTIALTY AND TRANSMIT A HARD COPY WITH ORIGINAL SIGNATURE TO THE ADDRESS ON PAGE 2.

1. What is the purpose for obtaining this data and how will the data be used? Please include whether the uses will include scientific research or human contact.
2. Does this project require approval of the Committee for the Protection of Human Subjects (CPHS)?  
Yes \_\_\_ No \_\_\_ (Public health surveillance does not require CPHS approval.)  
If yes, please enclose a copy of all materials submitted to the Committee and a copy of the letter approving the requestor's proposed use of these data. (Please see page 4 for additional information regarding the Committee for the Protection of Human Subjects.)
3. Recent files are usually provided in SAS on CD-ROM. If another format and/or medium is required, please specify: \_\_\_\_\_
4. Were OSHPD data files previously requested? \_\_\_ Yes \_\_\_ No  
a. If yes, what was the date of the request: \_\_\_\_\_  
b. If yes and this request modifies the expected uses of the files, please describe the changes:  
\_\_\_\_\_
5. What safeguards are in place to protect the data from access by unauthorized users or other misuse?
6. When is the data needed? Date: \_\_\_/\_\_\_/\_\_\_
7. Approximate completion date for the described project? Ending Date: \_\_\_/\_\_\_/\_\_\_  
Describe how and when you will return or destroy the original file copy and all copies made from it after completion of this project.
8. Will work on this project involve outside contractors? Yes \_\_\_ No \_\_\_  
If so, are the contractors under direct supervision of you or your staff? Yes \_\_\_ No \_\_\_

