

REQUEST FOR HIV/AIDS SUMMARY DATA

Complete the form below and submit to: HIVData@cdph.ca.gov. Please allow 60 days for completion of data requests.

Requester Information:

Requester name:	Requestor title:	
Organization:	Date of request:	Desired completion date:
Telephone number (include area code):	E-mail address:	

Detailed Description of HIV/AIDS Data Requested:

1. Disease category:

- Living HIV/AIDS cases
- Newly Diagnosed HIV/AIDS cases
- Other (specify):

2. Data time period* requested (month/year or year):

- Cumulative (all years) ending:
- Single-year period:
- Other (specify):

3. Purpose of data request (check all that apply):

- Research
- Grant application
- Program planning/evaluation
- Advocacy
- Report/journal article
- Presentation
- Internal health department use only
- Other purpose

Briefly specify purpose of data request:

4. Categories[‡] of interest (check all that apply):

- Race/ethnicity
- Gender
- Age groups
- Mode of exposure
- Other (specify):

5. Geographic area(s) requested:

- Statewide
- Single county (specify below)
- Combined counties (specify below)
- Other (specify below)

Specify geographic area(s):

Special Instructions:

By submitting this data request I agree to the following provisions:

1. Protecting the confidentiality of HIV/AIDS surveillance information is the foremost concern of the Office of AIDS. The release of surveillance data containing individually identifying information is strictly prohibited. The terms and conditions for the release of data must be consistent with applicable laws.
2. The Office of AIDS reserves the right to suppress data to maintain case confidentiality.
3. All publications using the data provided must acknowledge the Office of AIDS. The following is a suggested citation:
California Department of Public Health, Office of AIDS, HIV/AIDS Surveillance, Data Request, <date>.
4. The dissemination of any interpretations or findings based upon the data provided must be accompanied by the following disclaimer: *The authorized release of HIV/AIDS summary data by the California Department of Public Health, Office of AIDS should not be construed as an endorsement of any analyses, interpretations, or conclusions reached by the author(s).*
5. The data provided will be used only for the purposes stated in the data request form.

* The time period for data requests is based on the period during which cases were reported, unless otherwise specified.

‡ Specify categories in the Special Instructions box, if different from the [California Office of AIDS Surveillance Statistical Reports](#).