

# Request for HIV Prevention Program Reports



**Please type or print information below.**

Requestor Name:
Requestor Title:
Organization:
Telephone Number:
Fax Number:
E-mail Address:
Date of Request (mm/dd/yyyy):
Desired Date of Completion (mm/dd/yyyy):
<p><b>Return this completed form to the California Department of Public Health, Office of AIDS at:</b>  <a href="mailto:Leodatarequest@cdph.ca.gov" style="color: red; text-decoration: underline;">Leodatarequest@cdph.ca.gov</a></p> <p><i>Note: Please allow at least <b>two to four weeks</b> for completion of data request.</i></p>

<p><b>1.) Purpose of Data Request</b> (mark all that apply):</p> <p> <input type="checkbox"/> Program Planning/Evaluation                     <input type="checkbox"/> Grant/Proposal Application                     <input type="checkbox"/> Internal Health Department Use Only  <input type="checkbox"/> Needs Assessment                     <input type="checkbox"/> Community Planning  <input type="checkbox"/> Other, please specify:             </p>
<p><b>2.) Geographic Area(s) Requested:</b></p> <p> <input type="checkbox"/> Statewide  <input type="checkbox"/> County(ies)/Local Health Jurisdiction(s), specify:             </p>
<p><b>3.) Program of Interest:</b></p> <p> <input type="checkbox"/> Counseling &amp; Testing                     <input type="checkbox"/> Health Education/Risk Reduction                     <input type="checkbox"/> Partner Services             </p>
<p><b>4.)</b> <input type="checkbox"/> All Agencies     <input type="checkbox"/> Specific Agency(ies):</p>
<p><b>5.)</b> <input type="checkbox"/> All Interventions     <input type="checkbox"/> Specific Intervention(s):</p>
<p><b>6.)</b> <input type="checkbox"/> All Locations     <input type="checkbox"/> Specific Location(s):</p>
<p><b>7.) Time Period of Interest (mm/dd/yyyy):</b> _____ to _____</p>
<p><b>8.) Please Describe the Information You Are Requesting (Be specific. [e.g., test results by race/ethnicity, positive clients linked to care by gender, number of encounters by intervention]):</b></p>          

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**Additional Notes** (If you would like the results grouped, please describe. [e.g., separate by agency, intervention, intervention type, type of test, location]):

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

- 1.) Data sets are updated monthly. For the most current data, please request close to the beginning of the month;
- 2.) The Office of AIDS reserves the right to suppress data to maintain confidentiality. Data report(s) will not contain potentially identifying information, small cell values, or information on small population subgroups;
- 3.) All publications using the report(s) provided must cite the Office of AIDS. The following is a suggested citation: California Department of Public Health, Office of AIDS, Program Evaluation and Research Section, Data Request, <date>;
- 4.) The dissemination of any interpretations or findings based upon the report(s) provided must be accompanied by the following disclaimer: Authorized release of HIV Prevention 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); and
- 5.) The report(s) provided will be used only for the purposes stated in the data request form.

**FOR OFFICE OF AIDS USE ONLY**

**Office of AIDS Request I.D. #:**

**Request Received by:**

**Date** (mm/dd/yyyy):

**Request Approved by Manager:**

**Date** (mm/dd/yyyy):

**Assigned to:**

**Date** (mm/dd/yyyy):

**Comments:**

**Work Reviewed by:**

**Date** (mm/dd/yyyy):

**Amount of Time Spent on Report:**

**Date Request Delivered** (mm/dd/yyyy):