STD DATA REQUEST

Requester: Please type or print. Sign and date on page 2.

Name:		Title:			
Organization:					
Mailing Address:					
Email Address:					
Phone Number:		Fax Number:			
Date Requested:		Desired Completion Date:			
		Please allow a minimum of 10 working days for completion			
Describe why you need	California STD data and what question(s) yo	ou hope to answer? Who is your audience?			
DATA STRATICICATION	– Please specify desired strata				
Disease(s)	Chlamydia Gonorrhea Syphilis: Primary & Secondary Early Latent Late				
		Congenital Other			
Geographic Areas Statewide Counties – all Counties – selected		unties – selected			
	Other				
Demographics Gender		Race/Ethnicity			
	Age Group(s)	Other			
Time period requested Start Year End Year Data by individual year, or Years aggregated (Calendar Years)					
ANALYTICS					
Case Counts Case Rates Other					
FORMAT					
DISPLAY: 🗌 Table	🗌 Graph 🗌 Map 🗌 Other _				
OUTPUT: Excel	CSV SAS PowerP	oint 🗌 Other			

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NOTES/Special Instructions

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

- 1. Protecting the confidentiality of surveillance information is our foremost concern. 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. We reserve the right to suppress data to maintain case confidentiality. Data tables will not contain potentially identifying information, small cell values, or information on small population subgroups.
- 3. All publications using the data provided must acknowledge this program. The following is a suggested citation: California Department of Public Health, STD Control Branch, Surveillance, Epidemiology, Assessment and Evaluation Section. Provisional STD infectious data provided per data request <date>.
- 4. The dissemination of any interpretation or findings based upon the data provided must be accompanied by the following disclaimer: The authorized release of STD data by the California Department of Public Health, STD Control Branch, Surveillance, Epidemiology, Assessment and Evaluation Section should not be construed as an endorsement of any analyses, interpretation, or conclusions reached by the author(s).
- 5. The data provided will be used only for the purposes stated in the data requested form.
- 6. The data are provisional. Local Health Jurisdictions can modify or delete past case reports at any time, even months or years after they hare initially reported due to the dynamic nature of the reporting surveillance system.
- 7. Data should not be released to a third party who is not listed on the request form. The third party should be referred directly to California Department of Public health, STD Control Branch, Surveillance, Epidemiology, Assessment and Evaluation Section.
- Research proposals involving human subjects may require approval of the California Health and Human Services Agency, Committee for the Protection of Human Subjects, 400 R Street, Suite 359, Sacramento, CA 95811.6213, telephone (916) 326 – 3660, or consult the <u>CaLPROTECTS website</u>: https://cphs.keyusa.net/
- 9. Requesters agree not to use de-identified data to determine the identity of individual persons. Attempt to do so from public data is a violation of the Federal Privacy Act, 5U.S.C. and the HIPAA Rule.

Signature	Type or Print name	Date
Completed form on he connected		

Completed form can be scanned and emailed to stdepi@cdph.ca.gov

California Department of Public Health		
STD Control Branch		
850 Marina Bay Parkway		
Building P, 2 nd Floor		
Richmond, CA. 94804-6403		
Phone (510) 620–3400		

Data: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx

PRIVACY STATEMENT (CA CIVIL CODE SECTION 1798.17) THE INFORMATION COLLECTED ON THIS FORM IS USED TO PROCESS YOUR REQUEST FOR INFECTIOUS DISEASES BRANCH SURVEILLANCE DATA.THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND ON FILE AT THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, INFECTIOUS DISEASES BRANCH. ALL INFORMATION REQUESTE ON THE FORM IS REQUIRED IN ORDER TO PROCESS YOUR REQUEST, AND NOT SUPPLYING THE INFORMATION MAY CAUSE A DELAY IN THE PROCESSING OF YOUR REQUEST, ORDENIAL OF YOUR REQUEST. ANY INFORMATION PROVIDED MAYBE DISCLOSED TO THE CALIFORNIA STATE AUDITOR, THE CALIFORNIA OTE OF THE CALIFORNIA OFFICE OF INFORMATION SECURITY AND PRIVACY PROTECTION, OR TO OTHER STATE AND FEDERAL AGENCIES AS REQUIRED BY LAW. INFORMATION: CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF LEGAL SERVICES, PRIVACY OFFICE, MS 0506, P.O. BOX 997377, SACRAMENTO, CALIFORNIA YOU HAVE THE RIGHT TO REVIEW THE RECORDS WE KEEP ABOUT YOU DURING NORMAL BUSINESS HOURS. THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH PRIVACY OFFICE WILL, UPON REQUEST, INFORM YOU REGARDING THE LOCATION OF YOUR RECORDS AND THE CATEGORIES OF ANY PERSONS WHO USE THE INFORMATION IN THOSE RECORDS. FOR MORE INFORMATION, CONTACT THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, PRIVACY OFFICE, USING THE FOLLOWING CONTACT 95899-7377 OR PHONE 1-877-421-9634 OR BY E-MAIL AT: <u>Privacy@cdph.ca.gov</u>