

<p><i>SAMHD Only</i></p> <p>Date Received: _____</p> <p>Date Completed: _____</p> <p>Completed By: _____</p>
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Data Request Application

Name of Person Requesting Data: _____	Phone: _____
Requestor's Organization: _____	Email: _____
Mailing Address: _____	Fax: _____

Date requested:	Date desired*:
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Please describe the specific purpose for which the requested data will be used:

Time period of data needed (e.g. 2016, 2016-2017, etc.):

Please describe the type of data desired (e.g. map, tabulation, graph, etc.):

Please describe the area desired (ex. city of San Antonio, Bexar County, etc.):

Data Request Application continued

Please provide a more detailed description of data needed (e.g. disease/condition, ICD-9/ICD-10 codes, certain demographic characteristics like adults or gender):

Data Use Agreement

By signing this application, I certify that:

- The information supplied on this application and all attachments is complete and correct, to the best of my knowledge.

All data provided are subject to the following conditions:

- The data shall not be used for any purpose other than that specifically set forth in this application. I will not alter or misrepresent data provided by the San Antonio Metropolitan Health District (SAMHD). The data may not be linked to any other database without the written permission for the SAMHD data source.
- Individual information that identifies persons directly or indirectly and individual patient records or any part of them shall not be shared with any individual, institution or firm contacted and controls shall be maintained to prevent unauthorized access. No attempt will be made to use the data to discover personal identifiers and the data shall be treated as strictly confidential.
- All results of a study shall be restricted to aggregate data and shall not identify any individual, institution, or firm.
- At the conclusion of the research, all data received from SAMHD shall be destroyed.
- SAMHD shall be credited as the data source/provider. In addition, no statement may be made indicating or suggestion that interpretations drawn from SAMHD data are those of SAMHD.
- If the provided data are used for research, a final report of the study shall be furnished to SAMHD within 60 days of completion of the project.

***please note that we will make our best efforts to fulfill the data request by the date desired, however depending on the nature, timing, and extent of the request, the final date for completing and sending the requested data to you may be subject to change and will be communicated with you via email.**

Requestor Signature: _____ Date: _____

The protection of patient confidentiality and private health information is required by state law and rule (Health and Safety code, §87.002, §87.061(c) - §87.063, §192.002(b); Texas Administrative Code, Title 25, Part1, Chapter 37, Subchapter P, §37.304, §37.306). Data suppression may be applied if deemed necessary to uphold the law and rule.