



# Wyoming Department of Health

## Vital Records Services

### Data Request Form

**Important Disclaimer:**

1. Vital Records charges for any work that is above and beyond what we normally publish. The rates are based on the complexity of the request and whether the request will be repeated. A simple one-time request is \$35 per hour with a minimum of one hour. A more complex request is \$95 per hour with minimum fee per request.
2. It is the responsibility of the requestor and the authorizing signer to make sure that the information requested meets minimum necessary and need-to-know standards. Your request will be reviewed, before it is completed, for appropriateness according to the purpose and minimum necessary and depending on the information a formal data use agreement may need to be completed.
3. Data received from this request is to be used **ONLY** for the stated and approved purpose. Any further disclosure or use of this data is prohibited. Proper disposal of this data after its intended use is required.

Requestor Name:

Title:

Org./Agency:

Dept./Program:

Address:

Phone Number:

Data recipients, if other than requestor:

Purpose of the request and full intended use of the data:

Are you requesting aggregate data or count only: Yes ☐ No ☐ (If yes, skip to Data Description Section)Is this for research? Yes ☐ No ☐

If yes, and requesting individually identifiable information, attach appropriate IRB form(s).

Will this information be published? Yes ☐ No ☐Can de-identified data or a limited data set be used for your purpose? *See definitions.* Yes ☐ No ☐If yes, de-identified data ☐ or limited data set ☐.

If de-identified data or a limited data cannot be used for your purpose, explain:

Data Custodian (Division/Program):

When needed:

Frequency: ☐ Once ☐ Recurring (e.g., monthly, quarterly): (This form must be submitted annually.)

Data requested (Variables requested):

☐ See attached sample

Criteria and/or date range:

Sort:

Requestor signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Division/Program Use Only**

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_

Approved aggregate data/count only or de-identified data ☐

Limited data set for the purposes of research, public health, or health care operations approved with data use agreement ☐

Protected health information for research purposes with individual authorization ☐

Protected health information for research purposes with IRB waiver and data use agreement ☐

Other (explanation must be documented in notes section) ☐

Denied ☐

Date completed: \_\_\_\_\_

Notes: \_\_\_\_\_

**Definitions:**

*De-identified Data:* Excludes 18 client identifiers such as names, dates, and medical record numbers.

*Limited Data Set:* A limited data set may be used for the purposes of research, public health or health care operations. A limited data set includes dates (birth, admit, discharge), state and zip code, but excludes other client identifiers.

*Minimum Necessary:* The fewest data elements necessary to complete your task.

*Need-to-Know:* You can only receive data if you need it to complete an authorized function

*Key:* A code used to re-identify data that has been de-identified

**What is my responsibility?** As a requestor of data, you have several responsibilities. **1)** Make a clear determination of how you plan to use the data (purpose). **2)** Based on the purpose, determine the minimum amount of data you need to complete your task. **3)** Limit the use of data to what you stated as the purpose on the form. **4)** Do not disclose this data without prior approval. **5)** Dispose of the data after the specifically stated project/task for which you received the data is completed.

**How do I destroy the data after I am done with it?** Destroy data in accordance with approved procedures.

*Research:* All research related requests for individually identifiable health information without individual authorization must first be approved by an IRB. The Data Request Form must be accompanied with verification of the IRB approval and documentation that meets the requirements found at 45 CFR 164.512(i)(1)(i).

**How long can I keep the data?** Until the completion of the stated purpose (project/task).

**Using de-identified data or limited data set:** Consider the use of de-identified data or limited data set. (See definitions). If you are able to fulfill your purpose by using one of these two types of data, you must identify that on the form. All requests will be reviewed to determine if either of these can be used for your stated purpose.