



**Kansas Division of Health Care Finance
Restricted Use Data Request Form**

Please complete the following form when requesting restricted-use data from the Kansas Division of Health Care Finance (use additional sheets if necessary).

Name _____ Organization _____

Address _____

Phone _____ Email Address _____

IMPORTANT! Please include your Federal Tax ID: _____

1. Brief description of the project or study proposed: _____

2. Purpose of the project or study: _____

3. What type of data would you like to obtain: (See next page for complete list of available categories.) _____

4. Provide a brief description of the level of detail of the data requested: _____

5. Format and method of delivery requested:

Hard Copy (paper, mailed) CD Faxed Emailed Comma Delimited Excel Other (Specify)

6. Has this project or study protocol been approved by and internal review board? Yes No

7. Description of the data security procedures you or your organization will follow complete with who has responsibility for security of the data: _____

8. Who will have access to the data? _____

9. If the data is to be released, how? _____

REQUIREMENTS FOR USE OF DATA: Kansas requires a detailed narrative describing the results of the analysis done on data provided. Please send the narrative to Carla Campbell at ccampbell@kdheks.gov.

For questions regarding this form please contact Carla Campbell at 785-296-0980.

Kansas State Board of Healing Arts

- MDs
- DOs
- Physician Assistants
- Chiropractors
- Podiatrists
- Occupational Therapists
- Occupational Therapy Assistants
- Physical Therapists
- Physical Therapy Assistants
- Respiratory Therapists
- Student Respiratory Therapists
- Athletic Trainers
- Naturopaths (NDs)
- Radiologic Technologists
- Resident Physicians
- Institutional
- Contact Lens Distributors

Behavioral Sciences Regulatory Board

- Psychologists
 - Masters (LMLP)
 - Ph D (LP)
- Social workers
 - Associates (LASW)
 - Masters (LMSW)
 - Bachelors (LBSW)
 - Clinical (LSCSW)
- Licensed Professional Counselors (LPC)
- Licensed Clinical Professional Counselors (LCPC)
- Family and Marriage Therapists (LMFT)
- Clinical Family and Marriage Therapists (LCMFT)
- Clinical Psychotherapists (LCP)
- Licensed Addiction Counselors (LAC)
- Licensed Clinical Addiction Counselors (LCAC)

Health Occupations Credentialing

- Audiologists
- Speech Pathologists
- Adult Care Home Administrators
- Dietitians
- Certified Nurse Aides (CNAs)
- Certified Medication Aides (CMAs)
- Home Health Aides (HHAs)

Kansas State Board of Nursing

- Licensed Practical Nurses (LPN)
- Registered Nurses (RN)
- Licensed Mental Health Technicians (LMHT)
- Advanced Practice Registered Nurses (APRN)
- Registered Nurse Anesthetists (RNA)

Kansas State Board of Pharmacy

- Pharmacists
- Pharmacies
- Manufacturers
- Distributors
- Non-Prescription Distributors
- Retail Dealers
- Ambulances
- Analytical Laboratory
- County Health/Family Planning Centers
- Institutional Drug Rooms
- Research and Teaching
- Non Resident Pharmacies
- Pharmacy Technicians
- Pharmacy Interns
- Sample Distributors
- Durable Medical Equipment

Kansas Dental Board

- Dentists
- Dental Hygienists

Kansas Board of Emergency Medical Services

- EMT –Emergency Medical Technician
- Advanced Emergency Medical Technician (includes Intermediate, Defibrillator, Intermediate-Defibrillator)
- EMR—Emergency Medical Responder (includes First Responder)
- Paramedic

Kansas Board of Examiner in Optometry

- Optometrists

Kansas Hospital Discharge Summary Data

Other: _____

NOTE: All requests are subject to limitations on restricted and confidential fields.

CERTIFICATION STATEMENT

Kansas Statute Annotated 45-220 (c) prohibits the use of names or addresses derived from public records for the purpose of selling or offering for sale property or services including but not limited to marketing purposes.

(c) If access to public records of an agency or the purpose for which the records may be used is limited pursuant to K.S.A. 45-221 or K.S.A. 2004 Supp. 45-230, and amendments thereto, the agency may require a person requesting the records or information therein to provide written certification that:

- (1) The requester has a right of access to the records and the basis of that right; or
- (2) the requester does not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (B) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

Please sign and date where indicated below to certify that you do not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; nor (B) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

Signature of requestor _____

Printed name of requestor _____

Date _____