Kansas Department of Health and Environment
Center for Health and Environmental Statistics
Office of Health Care Information
Curtis State Office Building – 1000 SW Jackson, Suite 130
Topeka, Kansas 66612-1354
Phone (785) 296-8627 – Fax (785) 368-7118

CHES RD-1 Data Request Form

Attachment 8 – Rev 8/2006

Name: _____ Organization: _____

Address: _____

Phone Number _____ Fax number _____ E-mail _____

Data Type Wanted ☐ Birth ☐ Death ☐ Marriage ☐ Marriage Dissolution ☐ Abortion ☐ Trauma

User Level ☐ *Public Use* (aggregate) ☐ *Restricted* (aggregate) ☐ *Restricted* (Records w/o identifiers) ☐ *Confidential* (records w/identifiers)

Please Answer All Questions

1. What data elements are needed? Describe the level of data detail requested. Use extra sheet if needed.

2. Describe proposed project/study:

3. Purpose of project/study:

4. Has this project or study protocol been approved by an institutional review board? ☐ Yes ☐ No ☐ N/A

5a. Describe proposed use and/or release of the data

5b. If data are to be released, how?

6a. Describe data security procedures you or your organization will follow, and name of person responsible for data security:

6b. Who has access to the data?

7. Delivery Format ☐ Hard copy (paper) ☐ ZIP disk ☐ 3.5 inch disk ☐ CD-Rom
Data Format ☐ ASCII-text (CSV) ☐ DBF format ☐ Spreadsheet ☐ Other

I hereby agree that a) I will abide by Center for Health and Environmental Statistics data disclosure policies; b) I will not use Vital Statistics or Trauma data in an identifying manner, including but not limited to follow-back of individuals or providers, record matching or linking to other data, creation/distribution of mailing lists, and offering for sale of any product or service to any individual or any address; and c) I will accept any cell suppression and/or data coarsening necessary to reduce the risk of individual disclosure. I understand that disclosure of individual information would be in violation of K.S.A. 65-2422d(d), and may subject me to a $100 fine and denial of all future data requests.

Requester _____ Date _____ Department Head _____ Date _____

CENTER FOR HEALTH AND ENVIRONMENTAL STATISTICS USE ONLY

Tracking Number _____ Fee Charged _____

Data Request Received _____ (Date) (Initials)

☐ Request Modified ☐ Request Not Modified

Request Approve/Denied by OHCI _____ (Date) (Initials) Explanation:

Request Approved/Denied by CHES _____ (Date) (Initials)

Request Filled _____ (Date) (Initials)