

## **Mortality Data Request Form**



Contact Information of Requester				
Name:	Program Name:			
Address:	Address:			
Phone #:	City:			
Fax #:	State:			
Email Address:	ZIP:			

## **❖❖** IMPORTANT NOTICE ❖❖

Requests may be subject to review by the Department of Public Health's Institutional Review Board (DPH IRB) or may require a submission to the California Department of Public Health's Center for Protection of Human Subjects (CPHS) for approval. Please visit the following websites for more information:

- County of Los Angeles Department of Public Health IRB http://publichealth.lacounty.gov/IRB/index.htm
- California Department of Public Health CPHS http://www.oshpd.ca.gov/boards/cphs/

If you are interested in obtaining tabulated mortality or life expectancy tables, and/or health surveys, please visit our online query system at:

 L.A. HealthDataNow! https://dqs.publichealth.lacounty.gov/

If you are interested in obtaining tabulated birth data tables, please contact the Maternal Child and Adolescent Health Program at:

• MCAH http://publichealth.lacounty.gov/mch/index.htm

For any raw birth data file request, contact the California Department of Public Health:

 California Department of Public Health OHIR Application http://www.cdph.ca.gov/programs/ohir/Pages/OHIRApplications.aspx

For any questions, please contact the Office of Health Assessment and Epidemiology Program.

Office of Health Assessment and Epidemiology 313 N. Figueroa Street, Room 127 Los Angeles, CA 90012 Telephone: (213) 240-7785

Fax: (213) 250-2594

E-mail: DCA@ph.lacounty.gov

Project Description			
If the following items are addressed in the project protocol, please state the specific page and paragraph in the protocol where th information may be found.			
1.	Clearly state the general purpose of your project. (What specific questions will be answered by this project? What is the principle hypothesis to be tested?)		
2.	Provide a broad overview of how the data file(s) you are requesting will be used to achieve the purpose of this project. Please include a description of both the study population and any control groups that are utilized.		
3.	Will the requested data be used in the following ways?  a. Geocoding/Geographic Information System (GIS): YES NO If yes, please describe.		
	<ul> <li>b. Combination/merge/coordination with other data set(s) or databases: YES NO         If yes, please describe, including a description of the data variables within other datasets or databases (ie, census data, hospital level demographics, socioeconomic indicators, etc.).     </li> </ul>		

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c. List the data variables that will be used to accomplish the link.

the

Security			
If the following items are addressed in the project protocol, please state the specific page and item in the protocol where the information may be found.			
1.	Are interim files created in the processing of the data? If yes, please describe what data elements are included in each file what variables are dropped or masked.		
2.	Describe the security measures under which you propose to use, maintain, and store the requested data. Address each of the main categories below.		
	■ System (stand alone, host based, networked, etc.)		
	■ Hardware/Software		
	<ul> <li>Access Control</li> </ul>		
	■ Physical Environment		

Data Storage

Encryption

Access to Data
Who will have access to the data? List the names of all persons including vendors/contractors who will have access to the requested
iles explain their relationship to the sponsoring institution (faculty, student, analyst, etc.). If you need more space, please attach a
separate sheet.
Person #1

1 613011 #1	
Name:	
Title:	Phone:
Person #2	
Name:	
Title:	Phone:
Person #3	
Name:	
Title:	Phone:

The agreement below applies to and must be signed by each applicant. It has been determined that data files previously deemed "public use," "unidentifiable," or "non-confidential" are at risk of re-identification through the use of the internet and other sources for fraudulent use. The law obligates users of the files to protect the identity and privacy of subjects contained in the files. Please read the agreement below, sign, and return with the application.

## **Vital Statistics Data Access Agreement**

I, undersigned, on behalf of the organization represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files or any portion thereof, or to release names or other personal identifiers, including social security number and/or mother's maiden name from the files. I agree not to use files for purposes not described in this agreement without contacting the Office of Health Assessment and Epidemiology Program. I agree that the files or portions of the files will not be posted on the Internet except as provided by law, Health and Safety Code 102231(e), and will not be used for fraudulent purposes. I understand that violation of this agreement or violation of Health and Safety Code Sections 102230 and 102231 is a misdemeanor punishable by up to one year in jail and/or a file of \$1,000 and may result in denial of further access to data files, Health and Safety Code, Sec.102232. Additionally, I agree to destroy or return all vital statistics data files obtained via this application to the Office of Health Assessment and Epidemiology Program upon completion of the project.

I further agree to the following for any material derived from these vital statistics files\*:

- 1. To acknowledge the California Department of Public Health as the original source.
- 2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the County of Los Angeles Department of Public Health / Office of Health Assessment and Epidemiology.
- 3. If the data requester hires an outside contractor(s)/agency(ies) to process the data, the requester must notify the Office of Health Assessment and Epidemiology Program.
- 4. To further protect confidentiality by suppressing figures or table cells with < 5 events in any presentations/releases of data or otherwise.

Print Requester Name	Print Supervisor Name	
	<u> </u>	
Requester Signature	Supervisor Signature	
Title / Position	Title/Position	
Date	Date	
*Although the vital statistics data files are being released by the Los Angele for Health Statistics is the original source of these files.	es County Department of Public Health, the California Department of Public Health, Center	
Office of Health Assess	sment & Epidemiology Use Only	
Request Received Date:		
EU Authorization Signature:		
EU Approved Date:		