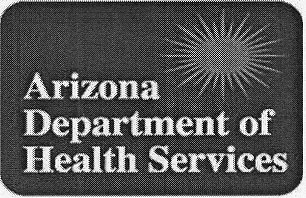
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| --- |
| MAIL YOUR APPLICATION TO:Arizona Department of Health ServicesBureau of Public Health Statistics **Section of Cost Reporting and Discharge Data Review**  150 North 18th Ave - Suite 550  Phoenix AZ 85007-3248  Phone: 602-542-8064 Fax: 602-364-0082  Website: <http://www.azdhs.gov/plan/crr/ddr/releases/index.htm> |



►1. Available data is Hospital Inpatient (IP) or Hospital Emergency Department (ED) discharge records.

**►2.** Data is provided in 6 month sets, January – June (“01”) and July – December (“02”) based upon discharge date.

**►3.** Available data is 2008 forward; target release dates for new data are May (“02”) and November (“01”) each year.

►**4.** There is no charge for release of Public Use Files (PUFs).

**ALL INFORMATION BELOW IS REQUIRED, INCLUDING SIGNATURE AT BOTTOM OF PAGE 2.**

**Requestor information and mailing address:**

Requestor Name:      Organization Name (if applicable):

Address:       City:       State:       Zip:

Organization Website (if applicable):

Contact Person:       E-Mail:       Phone:

|  |  |  |  |
| --- | --- | --- | --- |
| Data Set Time Periods(s) (for example, 2015-01) | IP | ED | FORMAT  ASCII, DBF or SAS |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Data is sent on CD via USPS first class mail.**

**Please describe your proposed use of the data with at least one descriptive example:**

**Data Use Restrictions and Agreement:**

The Requestor hereby provides the following assurances regarding the use and protection of Arizona Hospital Discharge Data:

1) I will safeguard the data from unauthorized access;

2) I will not release any patient-level data or individual patient records or any part of them to any person.

3) I will not attempt to identify individuals;

4) I will not attempt to link the individual records of patients in this data with any other individual level data or individual level information from any other source;

5) I will not release or disclose analysis results or any other information where the number of observations in any given cell of tabulated data is less than or equal to 10;

6) I will not copy, sell, rent, license, lease, loan, or otherwise grant any access of any kind to the data covered by this Agreement to any other person or entity, and I understand that this Agreement cannot be sold, assigned or transferred;

7) I will not use the data for any purpose other than the purpose(s) herein described;

8) I understand that I am personally responsible for appropriate use and protection of the data to which I have been granted access, and that violation of the terms of this Agreement will result in denial of access to Arizona Hospital Discharge Data and may make me subject, as an individual violator, to prosecution under HIPAA;

9) I will indemnify, defend and hold harmless the Arizona Department of Health Services, its employees and contract vendors from any and all claims or losses accruing to any person as a result of violation of this agreement;

10) I will notify ADHS in writing within forty-eight (48) hours of learning of any violation of this Agreement;

11) I will make no statement indicating or suggesting that interpretations drawn from the data are those of the Arizona Department of Health Services;

12) If cited in a publication or presentation, the source of the data shall be acknowledged as the Arizona Hospital Discharge Public Use Files, Bureau of Public Health Statistics, Arizona Department of Health Services.

**Data Requestor Attestation:**

I have read this document in its entirety, I understand the content of this document, and I have indicated such by affixing my signature below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date