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| **Program or Project Name:** |  |
| **Organization:** |  |
| **Contact Person Name:** |  |
| **Additional Authorized Users:** |  |
| **Contact No.:** |  |
| **Email Address:** |  |
| **Mailing Address:** |  |

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| **DATA REQUESTED** | |
| **Specify Year(s):** |  |
| **Specify Topic(s) and/or Variable(s):** |  |
| **Use of data and methods of analysis (if any):** |  |

 The undersigned investigator agrees to the following with respect to Guam BRFSS data:

1. I will not use, and will not permit others to use, the data in these datasets in any way other than for statistical reporting and analysis.
2. I will not sell or otherwise release these datasets or any data contained therein, in whole or in part, to any other person without written approval of the Guam Department of Public Health and Social Services (DPHSS).
3. I will acknowledge the DPHSS and the Centers for Disease Control and Prevention (CDC) as the original source.
4. I will secure these data according to procedures and security requirements of the Health Insurance Portability and Accountability Act (HIPAA) as referenced in 45 CFR Part 164 in the following ways: a) access to data will be limited to the individual(s) identified in this data release form and b) transmitted using secure methods.
5. In publications, presentations and communications in which I refer to these data I will include a disclaimer that expressly credits analyses, interpretations or conclusions reached to the author(s), and not to the DPHSS or the CDC, unless prior authorization is obtained.
6. I understand that the DPHSS is not liable for any harm or injury that may be suffered as a consequence of any inaccurate information obtained through this request.
7. I will send a copy of any product for general dissemination that includes these data to the BRFSS Coordinator prior to publication. I will also allow the BRFSS Coordinator or DPHSS staff member designated by the BRFSS Coordinator 15 working days to comment on the findings within the publication.

**Suggested Citation:**

Guam Department of Public Health and Social Services (DPHSS) and Centers for Disease Control and Prevention (CDC). Guam Behavioral Risk Factor Survey Data. First Guam BRFSS Report. Hagatna, Guam. 2007-2010 **[appropriate data year or years]**.

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| Signature: | Date: |

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| Approved:  Guam BRFSS Coordinator Signature / Date  Please return completed form to:  [publichealth@dphss.guam.gov](mailto:publichealth@dphss.guam.gov)  Guam BRFSS Program Coordinator  Chief Public Health Office  Department of Public Health and Social Services |
| Notes: |