|  |
| --- |
| North Carolina Department of Health and Human Services |

# NCDHHS Operational Data Request Form and DUA (where applicable)

This request is related to ongoing work of NCDHHS that supports the Department, a NCDHHS division or office, or a strategic partner (operating under a current written agreement with NCDHHS, including local offices).

**Submit this form and any questions by email to dataoffice@dhhs.nc.gov**

|  |
| --- |
| **Internal Use. Request #:**  |

|  |
| --- |
| **1. Does this data request align with NCDHHS priorities and support business intelligence[[1]](#footnote-1) of NCDHHS?**  |
| [ ]  Yes  | [ ]  No  | [ ]  Unsure  |

|  |
| --- |
| **2. What is the main purpose of this operational data request?**  |
| [ ]  Reporting | [ ]  Quality Improvement  | [ ]  Evaluation  |
| [ ]  Legal | [ ]  Health Care Operations, Payment, or Treatment | [ ]  NCDHHS Strategic Use or Other Business Intelligence Activity\* |
| [ ]  Other: (please specify)  |

|  |
| --- |
| **3. Describe the purpose of this request and how data will be used to support operations of NCDHHS:** |

Click or tap here to enter text.

|  |
| --- |
| **4. How will equity and bias be considered in this request?** |

Click or tap here to enter text.

|  |
| --- |
| **5. Why does this request involve the NCDHHS Data Office?**  |
| [ ]  | I am requesting data from a single Division or Office and there is not a current data request process in place. | [ ]  | I am requesting integrated data from across NCDHHS Divisions or Offices. | [ ]  | I am requesting identifiable records for the purpose of integrating data from NCDHHS with another data source (will require data agreement). |
| [ ]  | I’m not sure. I would need to discuss my data request with someone.  | [ ]  | Other: (please specify)  |

|  |
| --- |
| **6. Requestor’s Contact Information** |
| Name of Requestor:  |  Click or tap here to enter text.  |
| Title / Role:  |  Click or tap here to enter text.  |
| NCDHHS Division / Office, or Institution / Agency: |  Click or tap here to enter text.  |
| If request falls under a written agreement with NCDHHS, and you are not NCDHHS staff, please check here. [ ]   |
| If checked, what is the term of contract or other written agreement (MM/DD/YY to MM/DD/YY) and contract or agreement number?   |
| Phone number:  | Click or tap here to enter text. | Email: Click or tap here to enter text.  |

|  |
| --- |
| **7. Description of the Requested Data** |

How often does the Recipient want to receive data?

 [ ]  This will be a one-time provision of data

 [ ]  Daily [ ]  Weekly [ ]  Monthly [ ]  Quarterly [ ]  Annual

|  |  |
| --- | --- |
| [ ]  Other  |  |

What is the date by which you would like to receive the requested data? (e.g. by 06/15/24)

By date: Click or tap here to enter text.

|  |
| --- |
| **Please list the data elements that are being requested in the table below.**  |
| **Time period** | **Data element** | **Description/Notes** | ***Data Source (INTERNAL)*** |
| *E.g., from 3/1/2020 to 10/1/2020* | *E.g., total COVID-19 tests*  | *Disaggregated by sex and date* |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(please add rows as needed)

|  |
| --- |
| **8. What is your requested data output?** |
| a. **Aggregate, a *Data Use Agreement may still be required*** |
| [ ]  | Aggregated data by specified subgroup / population / geography from a single division/office |
| [ ]  | Aggregated data by specified subgroup / population / geography from multiple divisions/offices |
| [ ]  | **Linked and** aggregated data by specified subgroup / population / geography from multiple divisions/offices |
|  |  |
| b. **Row level, a *Data Use Agreement may still be required*** |
| [ ]  | Row level data that has been deidentified |
| [ ]  | Row level data with identifiers |
| [ ]  | Underlying source data that has not been curated or manipulated (e.g. for data management or audit purposes) |
|  |  |
| c. **Integrated Row level, a *Data Use Agreement may still be required*** |
| [ ]  | Row level data **without** identifiers, linked with another data source **owned** by NCDHHS **linked within** NCDHHS data infrastructure |
| [ ]  | Row level data with identifiers to link with another data source **owned** by NCDHHS **linked within** NCDHHS data infrastructure |
| [ ]  | Row level data with identifiers to link with another data source **owned** by NCDHHS **linked outside** of NCDHHS data infrastructure |
| [ ]  | Row level data with identifiers to link with another data source **not owned** by NCDHHS, **linked within** NCDHHS data infrastructure |
| [ ]   | Row level data with identifiers to link with another data source **not owned** by NCDHHS, **linked outside** of NCDHHS data infrastructure |

|  |
| --- |
| **9. How will these data be accessed and stored during use?**  |
| [ ]  | Using only NCDHHS resources | [ ]  | Using any external or non-NCDHHS resources |
| [ ]  | Other (Explain): Click or tap here to enter text.  |
| **10. How will these data and any findings from the data be disseminated?**  |
| [ ]  | Internally within NCDHHS  | [ ]  | Externally (e.g., public facing report, dashboard) |
| [ ]  | Other:  |

|  |
| --- |
| **Data Recipient Agreement** |

I have reviewed and agree to the [NCDHHS Terms and Conditions of Data Use.](https://www.ncdhhs.gov/appendix-bncdhhs-terms-and-conditions-data-access-and-usepdf/open) I agree to regularly communicate with the NCDHHS Data Office Staff and promptly respond to any questions or concerns. **I agree to only use data as described in this request**. I agree to report to the Data Office Staff all problems or any incident with possible adverse events involving NCDHHS data in strict compliance with the [NCDHHS Terms and Conditions of Data Use](https://www.ncdhhs.gov/appendix-bncdhhs-terms-and-conditions-data-access-and-usepdf/open).

|  |  |
| --- | --- |
|   |   |

Signature of Data Recipient (electronic signature is permissible) Signature Date

## Complete below if a *Data Use Agreement* is needed prior to data release, meaning that this data use does not fall under a current DSA. This determination must be made by NCDHHS Legal Counsel.

|  |  |
| --- | --- |
|  1. What is the desired DUA effective date? | Click or tap to enter a date. |

 2. Is there a funding, publishing, or other deadline related to the desired effective date? If yes, please explain:

 3. Names of individuals who will have access to the data:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Role: |  |
| Name: |  | Role: |  |
| Name: |  | Role: |  |
| Name: |  | Role: |  |
| Name: |  | Role: |  |
| Name: |  | Role: |  |
| Name: |  | Role: |  |
| Name: |  | Role: |  |

|  |  |
| --- | --- |
| 4. Expected project completion date: | Click or tap to enter a date. |

5. Name and title of the authorized signatory (Data Owner or designee) who will sign the DUA:

|  |
| --- |
|  |
| *Name* |
|  |
| *Title* |
| *Email & Mailing Address* |

1. See the [NCDHHS Data Sharing Guidebook](https://www.ncdhhs.gov/about/administrative-offices/data-office/data-sharing-guidebook) for more information. [↑](#footnote-ref-1)