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| 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**

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

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

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| **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) | | |

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| **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.

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

Click or tap here to enter text.

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| **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) | | |

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| **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. |

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| **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

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| 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.

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| **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* |  |
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(please add rows as needed)

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| **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 |
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| 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) |
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| 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 |

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| **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: | | |

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| **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).

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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.

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| 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:

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

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| 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:

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| *Name* |
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| *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)