PATIENT LEVEL DATA (Revised 9/2015)

REQUEST AND DATA USE AGREEMENT

OSH-HIRC – 701 **Revised 2015-09-25**

For Office Use Only **Name:** _____

Request #: _____ **Date Received:** _____

1. Select type of data and year:

	2010	2011	2012	2013	2014
PDD	☐	☐	☐	☐	☐
ED	☐	☐	☐	☐	☐
ASC	☐	☐	☐	☐	☐

2. Select Format: ☐ Comma-Delimited Text File (.txt) ☐ SAS File (.sas7bat)
   ☐ Comma-Delimited Text File with Labels (.txt) ☐ *(Optional) SAS – Proc Format Program*

3. To help us serve you in the future, please indicate the general purposes for which data will be used:

Are you looking at data by:

- ☐ Statewide
- ☐ 3-digit zip code
- ☐ Hospital

- ☐ Market Share Analysis
- ☐ Health Plan/Insurance Coverage
- ☐ Services/Utilization
- ☐ Quality of Care/Outcomes
- ☐ Other _____

Data Use Agreement

The Office of Statewide Health Planning and Development (OSHPD) collects and disseminates patient discharge data pursuant to the mandates found in the Health Data and Advisory Council Consolidation Act, Health and Safety Code section 128675 et seq. It is the policy of the Office to protect patients' rights of confidentiality as required by that Act. We have, therefore, developed a de-identified patient-level data set.

In accessing patient level data, I agree to the following:

a. I will not further distribute any patient-level data or individual patient records, and I will not permit others to do so.
b. I will not use or permit others to use the data to learn the identity of any individual patient.
c. I will not link or permit others to link the data with any other individual level data that would increase the potential for patient identification.
d. I will indemnify, defend, and hold harmless OSHPD from any or all claims and losses accruing to any person, organization, or other legal entity as a result of violation of this agreement.
e. I understand that any violation of this Agreement may be subject to appropriate legal action by the State of California.

Requester (Signature)	Date
Requester (Print)	Title
Organization	Phone
Address	Fax
City, State, Zip	E-mail
	Web Address

Note to Purchaser: Shipment of the data product will only be made to the person who signs this Agreement.