



Date: _____

**DATA COLLECTION & ANALYSIS UNIT
OFFICE OF HEALTH ASSESSMENT AND EPIDEMIOLOGY
LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH**

313 N Figueroa Street, Suite 127, Los Angeles, CA 90012. ♦ Phone No.: (213) 240-7785, FAX No.: (213) 250-2594

Data Request Form & Vital Statistics Data Access Agreement

(Please send form to the attention of DCA Unit Chief by mail, FAX, or e-mail DCA@ph.lacounty.gov)

I. Data Request

1. Name:	
2. Job title:	
3. Organization:	
4. Address:	
5. Phone No:	
6. e-mail:	
7. Is this request a collaborative effort with a Los Angeles County office?	Yes No
8. If answer to item 7 is 'Yes', give the name of the County collaborator and contact information.	
9. Do you want to be considered for fees waiving?	Yes No
10. Request details: (Attach sheets as needed)	
A. Intended use:	
B. Specifications:	
C. Timeframe:	

11. Requester's signature: _____

Notes:

1. Please fill out ALL items to the highest possible degrees of accuracy and specificity.
2. For data that are not readily available, the incurred material costs; consulting time; and computer run will be charged accordingly. The current consulting time and computing run rates are at \$80.00/hour and \$40.00/run respectively. Notification of cost estimate will be given prior to the commencement of data generation.
3. Fees are generally waived for governmental agencies and nonprofit organizations.
4. All payments should be made to **Los Angeles County – Public Health Finance**.

II. Vital Statistics Data Access Agreement

I, the undersigned, on behalf of the organization below and on penalty of perjury, agree to the following:

1. I agree not to sell, assign, release or otherwise transfer the files or any portion thereof, or to release names or other personal identifiers from the files.
2. I agree not to use files for purposes not described in this agreement without contacting the Los Angeles County Department of Health Services Data Collection and Analysis Unit or the California Department of Health Services, Center for Health Statistics.
3. I agree that the files or portions of the files will not be posted on the Internet except as provided by law [Health and Safety Code 102231(e)] and will not be used for fraudulent purposes.
4. I understand that the release of confidential birth data with personal identifiers or the linkage of non-confidential data with other files so as to identify an individual's confidential data without prior approval may be punishable by a fine of \$500 or six months in jail [Health and Safety Code, Sec. 102475].
5. I understand that violation of this agreement or violation of Health and Safety Code Section 102231 is a misdemeanor punishable by one year in jail and/or a fine of \$1,000 [Health and Safety Code, Sec. 102232].

I further agree to the following for any material derived from these vital statistics files*:

1. To acknowledge the California Department of Health Services, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Health Services, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Health Services, Center for Health Statistics.
4. To destroy the requested data once the intended use has been completed.
5. To further protect confidentiality by suppressing figures or table cells with less than five (5) events in any presentations/releases of data or otherwise.

*Although the vital statistics data files are being released by the Los Angeles County Data Collection and Analysis Unit, the California Department of Health Services, Center for Health Statistics is the original source of these files.

1. User's name:

2. Job title:

3. Organization:

4. Address:

5. Phone No:

6. e-mail:

7. User's signature:

Date:

DCA Official Use Only

Cost estimate:

Action:

Reviewer:

Date:
