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| North Carolina Department of Health and Human Services |

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

This request must be 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.

NCDHHS strives to provide accurate and timely data to enable legal, ethical (including responsible and fair data practices), actionable, and beneficial data use. Not all requests will be approved. Some requests may be rejected, postponed, or take longer than expected in accordance with the Department’s core responsibilities, priorities, and resource limitations.

**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 Matters and Audits | [ ]  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 data 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 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/or data assets. |
| [ ]  | **Linked and** aggregated data by specified subgroup / population / geography from multiple divisions/offices/ or data assets. |
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| b. **Row level, a *Data Use Agreement may still be required, even if anonymized or pseudonymized*** |
| [ ]  | 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, even if anonymized or pseudonymized*** |
| [ ]  | 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, Recipient’s Internal Staff or Partners) |
| [ ]  | 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 to the minimum extent necessary for approved used**. 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. This means that this data use does not fall under a current DSA or other agreement governing the data. 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: |  |
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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)