



# DSHS, Community Preparedness, Division of Epidemiology Data Request Form

Please fill out the information below and return it via e-mail to: [diana.cervantes@dshs.state.tx.us](mailto:diana.cervantes@dshs.state.tx.us) or Fax it directly to (817-264-4557) Attn: Diana Cervantes

TODAY'S DATE  REQUESTOR

ORGANIZATION/ADDRESS

PHONE NUMBER  FAX NUMBER  E-MAIL

PROJECT TITLE

DATA REQUESTED

PURPOSE *(please describe how data will be used):*

DATE NEEDED:  SIGNATURE:

**By signing this application, I certify that:**

- The information supplied on this application and all attachments is complete and correct, to the best of my knowledge.

**All data provided is subject to the following conditions:**

- The data shall not be used for any purpose other than that specifically set forth in this application. I will not alter or misrepresent data provided by DSHS. The data may not be linked to any other database without the written permission from the DSHS data source.
- Individual information that identifies persons directly or indirectly and individual patient records or any part of them shall not be shared with any individual, institution or firm contacted and controls shall be maintained to prevent unauthorized access. No attempt will be made to use the data to discover personal identifiers and the data shall be treated as strictly confidential.
- All results of a study shall be restricted to aggregate data and shall not identify any individual, institution, or firm.
- At the conclusion of the research, all data received from DSHS shall be destroyed. Texas Department of State Health Services shall be credited as the data source/provider. In addition, no statement may be made indicating or suggesting that interpretations drawn from DSHS data are those of DSHS.
- If the provided data are used for research, a final report of the study shall be furnished to DSHS within 60 days of completion of the project.

*DSHS Only*  
Date Received: \_\_\_\_\_  
Date Completed: \_\_\_\_\_  
Completed by: \_\_\_\_\_