

**Confidentiality Agreement**

This agreement is entered into between the Nebraska Department of Health and Human Services Division of Public Health (Division) and \_\_\_\_\_ (Applicant) to provide confidential data to Applicant from the Division for the stated purpose only as described in their request application and approved on \_\_\_\_\_.

Namely (Title of Project) \_\_\_\_\_

Applicant acknowledges that they are receiving case specific and identifying information such as name, address, and other identifying information from the \_\_\_\_\_ (Program/Registry).

Applicant acknowledges that if contact with an individual or individual's family is required, the Division must first obtain the permission from the individual or individual's family. No contact may be made unless the Division advises Applicant that permission has been obtained.

Applicant acknowledges that strict confidentiality procedures will be maintained while such data is in their possession. Applicant states that only the following people will have access to the data:

Name	Title

If changes occur, Applicant will notify the Division of such changes.

Applicant acknowledges that no confidential information may be published and may not be re-released unless additional consent is obtained.

Applicant acknowledges that the database cannot be re-released or re-sold.

Applicant acknowledges that at the completion of the research project, any identifying/record linking data will be destroyed.

Applicant acknowledges that the results of the research project which uses case specific and/or identifying data and/or geocoding must be submitted to the Division prior to any publication to allow for review and approval.

Applicant also agrees to acknowledge the Nebraska Department of Health and Human Services and relevant Program(s) in any publication utilizing the data resulting from this request. After approval for publication has been obtained from the Division, the Applicant will provide to the Division a copy of the report.

Applicant acknowledges that the Applicant is aware that any wrongful disclosure of confidential data obtained from the Nebraska Department of Health and Human Services or use of such information with the intent to deceive constitutes a criminal offense.

Applicant	Date
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**Data Request Acknowledgement for Research Project**

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Applicant's request is subject to the permissions of Nebraska Statutes, Rules and Regulations, Federal Statutes, and applicable Program procedure.

1. If more than one research project is to be conducted from this data, then a separate approval request from the Institutional Review Board is necessary for each project.
2. If address information is used to geocode records, then the results of geocoding should be provided to the Division prior to publication for review purposes.
3. It is required that the Nebraska Department of Health and Human Services and relevant Program(s) receive written credit within any publication utilizing the data resulting from this request.
4. Applicant must provide the Division a copy of any reports or papers resulting from the research project.
5. Additional data may be requested by the Division to assist in the review of your request for data. You may expect a determination as to whether the data will be released to you within three months from the date of your request.
6. Results of the research project which uses case specific and/or identifying data must be submitted to the Division prior to any publication of such results or reports.
7. If there are previous contracts that are not fulfilled based on earlier data requests, then the Division has the right to limit or add restriction to any further request by the same principal investigator.

Applicant acknowledges that Applicant is aware that any wrongful disclosure of confidential data obtained from the Nebraska Department of Health and Human Services or use of such information with the intent to deceive constitutes a criminal offense.

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Applicant	Date
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**Request for Data**

Since space is not provided on this form, please answer these questions on a separate document. Restate the question and provide your answer. Please submit your application in typed format.

**Mail request to:**

Department of Health and Human Services  
 Division of Public Health  
 PO Box 95026  
 Lincoln, NE 68509-5026  
 OR

**Email request to:**

Dhhs.PublicHealthResearch@nebraska.gov

1. Name of applicant/principal investigator or entity represented.
2. Qualifications of applicant/principal investigator (including title, education, experience, prior publications, and recommendations of professional colleagues who have knowledge and experience with scientific or medical research); attach CV if available.
3. Purpose of research project, including proposal title, summary of project or abstract, date data are needed, and anticipated completion date of the project. The information provided by the Division is to be used for the stated purpose only.
4. A copy of approval by an Institutional Review Board or similar body if the research project has been reviewed and approved by such.
5. The location where the research project will be conducted. Specify the equipment, personnel, and resources available to carry out the research project.
6. The funding source of the research project, identify the availability of the funding and any conditions on the receipt or continuation of such funds.
7. Specify the exact data you are requesting (including record timeframe, variables, and any other context-providing information). How will you use the data?
8. If you are requesting individual-specific data or geocoding data, then document the need for such data. Because address information is specific, please explain why you need this information and how it will be used.
9. Specify the medium in which the data is to be sent. Some formats may incur costs that will be charged to the requestor, such as printing of large files or copying to CD-ROM or USB flash drive, as well as shipping and handling of non-standard envelopes. Please contact the Division to find out what formats are available and what charges may be involved.
10. Does an individual or individual's family need to be contacted? Please note the Division's ability to allow contacting individuals varies by Program and data source. Prior specific permission is needed as noted in the agreement.
11. If you plan to have contact with an individual or individual's family, substantiate the need for such contact. If individuals are patients, attach copies of proposed letters to physicians seeking approval for patient contact and copies of proposed letters to patients or patients' families.
12. Identify the security measures to be taken to maintain the confidentiality of the data during the research project, for disposal of the data upon completion of the project, and assurances that the results of the study will not divulge or make public information that will disclose the identity of any individual.
13. Specify which portions of this request are confidential and not available for access under the public information law.
14. A fee will be charged for data preparation(\$50/hour).

Applicant	Date
Approved	Date