

Nebraska Department of Health and Human Services Data Request Form (Aggregate Data Only)

Section 1: Customer/Requestor Contact Information			
Name		Title	
Organization			
Address			
Phone Number		Email Address	
Section 2: Request Description			
Purpose of Request <i>(what the data is required for)</i>			
Description of Data Required <i>(Please include dates/time frames for any analysis, and other specific categories and selection criteria required in the data)</i>			
Format Required <i>(Table, Map, Spreadsheet, Word, etc.) – please specify</i>		Customer <i>(if not requestor)</i>	
To be used in <i>(presentation, report etc) – please specify</i>		Intended Audience <i>(if appropriate)</i>	
Section 3. Request Timeline (minimum processing timeframe of 2 weeks)			
Data Request Date		Desired Completion Date	

Please keep in mind that the Office of Emergency Health Systems takes its responsibility to protect the confidentiality of health data very seriously. We expect you to have sufficient security measures in place to assure us that no patient identifying information supplied to you by this office will be seen by any but the intended recipients. If any of this is unclear, or you have any questions about security and/or another aspect of the data request process, please feel free to call Doug Fuller at 402-471-3578 or Sharon Steele at 308-535-8095.