

FB HHS Only
Date Received: _____
Date Completed: _____
Completed By: _____

Please fax all data requests to 832-471-1817



Data Request Application

Name of Person Requesting Data: _____

Requestor's Organization: _____

Phone #: _____ **Fax #:** _____

E-mail: _____

Mailing Address: _____

Project Title: _____

Date Requested: _____ **Date Needed:** _____

Please describe data needed:

Please describe how the requested data will be used:

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 are 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 FB HHS. The data may not be linked to any other database without the written permission from the FB HHS 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.
- Fort Bend County Health and Human Services shall be credited as the data source/provider. In addition, no statement may be made indicating or suggesting that interpretations drawn from FB HHS data are those of FB HHS.
- If the provided data are used for research, a final report of the study shall be furnished to FB HHS within 60 days of completion of the project.

Signature: Requestor

Date Signed