

**Data User's
Confidentiality Agreement
Ohio Department of Health**

Having followed current data request procedures of the Ohio Department of Health's (ODH) _____, I have been allowed to obtain data upon my signing of this agreement:

1. I will use these data only for a project titled _____.
2. I will not use these data in any way other than for statistical, scientific or medical research.
3. I will not release or allow access to these data in full or in part to any person without the written permission of the _____ (ODH program) or the ODH Institutional Review Board (IRB), having submitted a copy of this agreement to _____ at ODH, signed by the person to be given access.
4. Unless it is part of my study or project, I will not attempt to learn the identity of any person or medical care provider beyond the information contained in these data.
5. I will not present or publish these data in a manner in which any individual can be identified.
6. I will not present or publish point maps showing residences of cases.
7. I will not release data for any sub-population of fewer than 10 persons based on the most relevant U.S. Census data.
8. I will not attempt to link, or permit others to link, these data to individually identified records in another database, file or other information source without the written permission of the ODH program identified above or the ODH IRB.
9. In the event that the identity of any person is discovered or released inadvertently:
 - a. I will immediately notify the ODH program identified above of the incident.
 - b. I will make no use of this knowledge.
 - c. I will inform no one else of any discovered identity.
10. I will include the following acknowledgment and disclaimer in any publication or presentation produced from these data:

"Ohio Department of Health data used in this study were obtained from the (insert program name and system), Ohio Department of Health (ODH). Use of these data does not imply ODH agrees or disagrees with any presentations, analyses, interpretations or conclusions."
11. I will send a copy of any publication or presentation produced from these data to the ODH program identified above in a timely manner.
12. I will destroy the data no later than 1 year after the ODH IRB approval , or an application to extend the date of required destruction of the data must be received by the ODH IRB no later than 60 days prior to the 1 year and I will notify the ODH program identified above in writing.
13. I agree by my signature to comply with the above stated provisions and will make all reasonable efforts to maintain the confidentiality of these data. I understand that use of these data is allowed by Ohio Revised Code 3701.263 only for statistical, scientific or medical research for the purpose of reducing the mortality and morbidity of malignant and related diseases required to be reported.

Print Name Phone Number E-mail Address

Signature Date Institutional Affiliation, if applicable

ODH Use Only: Data path and filename: _____