

## Data Request - Typed forms Only

### Requester Information

Request Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

### Type of Data Request

Identifiable (non-public) data cannot be released unless it is for one of the following purposes outlined in Utah Code 26-3-7. Please select the type of data request:

- 1. I am requesting a public data set (no identifiable information).
- 2. I am an individual requesting data about myself (or I am the individual's legal representative as defined by law)\*
- 3. I am requesting data on another individual and have received consent\* from:  the individual;  the next-of-kin if the individual is deceased (proof of death is required);  the parent or legal guardian if the individual is a minor or mentally incompetent; or  a person holding a power of attorney covering such matters on behalf of the individual.
- 4. I am an individual, or represent an organization, requesting data for bona fide research or statistical purposes.
- 5. I represent a state or federal government entity requesting to use the data for the purpose for which it was collected by the Department of Health.
- 6. I represent a government entity requesting data to conduct an audit, evaluation, or investigation of the Department.
- 7. I am a health officer requesting specific medical or epidemiological information for the purpose of enforcing quarantine, continuing patient care, or undertaking public health efforts.
- 8. I am a health care provider requesting data for the purpose of assisting the patient or protecting the health of others closely associated with the patient.

**\* In order to receive information about yourself or another individual which you have received consent from you must provide proof of identity. This proof may be in the form of a notarized signature or in-person verification of identity.**

### Data Requested

Please specify the data you are requesting. Include dates and other criteria as applicable. Be as specific as you can:

### Potential Cost to Provide Data

- Please notify me if the amount is above: \$\_\_\_\_\_.

### Purpose of Data Use

Please state the purpose for which the data will be used:

**Submitting this Form**

Please submit this form by mail, or e-mail to:

**Patrice Nicholes**

Records Officer/Data Steward  
Bureau of Emergency Medical Services and Preparedness  
3760 South Highland Drive  
PO Box 142004  
Salt Lake City UT 84114-2004

Phone: 801-273-2933:  
E-mail: pnicholes@utah.gov

Date Received: \_\_\_\_\_

Approved By: \_\_\_\_\_

Denial Reviewed By: \_\_\_\_\_

Data Use Agreement Received:

Data Request Log Completed:

Approved

Data Fee: \_\_\_\_\_

Data Sent: \_\_\_\_\_

Method of Delivery:: \_\_\_\_\_

Delivered By: \_\_\_\_\_

Denied

Received: