



Request for Public Use Discharge Data Files

CONTACT INFORMATION

Requestor Name: _____

Organization: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP :** _____

Phone: _____ **Email:** _____

AVAILABLE DATA FILES

- Inpatient Discharge Data : years available 2008-2015
- Outpatient & Ambulatory Surgery Center Discharge Data: years available 2008-2014

ORDER INFORMATION

| Data File | Year(s) | \$250 per year |
|------------------|---------|----------------|
| Inpatient | | |
| Outpatient & ASC | | |
| Total | | |

PLANNED DATA USES (Check all that apply)

- Public Safety & Injury Surveillance & Prevention
- Public Health, Disease Surveillance & Disease Registries
- Public Health Planning & Community Assessments
- Public Reporting for Informed Purchasing & Comparative Reports
- Quality Assessment & Performance Improvement
- Health Services & Health Policy Research Applications
- Private-Sector & Commercial Applications
- Other, please describe

Submission Information

Please provide:

- Completed Form D-1 (this page)
- Completed Data Use Agreement (next page)
- Payment to Oregon Health Authority

Send forms & payment to:

Attn: Data Fulfillment Officer
Office of Health Analytics
Oregon Health Authority
500 Summer St. NE, E-64
Salem, OR 97301

Discharge Data Public Use Data File Data Use Agreement Terms and

Conditions: The requestor(s) warrants and agrees that:

1. Requestor may not attempt to re-identify any individuals from records in the dataset or attempt to contact subjects represented in the data.
2. Data within the public use data file or the public data use file itself may not be linked with individually-identifiable data from any other source, nor may it be re-transferred or re-disseminated in a format that could possibly lead to the identification of an individual.
3. Any agent, including subcontractors, agree and are bound to the restrictions and conditions of the DUA.
4. Non-compliance with the terms of this data use agreement may be grounds for immediate termination of the agreement.
5. Requestor takes full responsibility for the analysis of the data and communication of results. When publishing or communicating results of their analysis, requestors must provide a notation indicating that the Oregon Health Authority is not responsible for the analysis or interpretation and that the requestor or author does not represent the state.
6. Investigators agree that OHA retains all ownership rights to the data file(s) referred to in this agreement, and that the requestors do not obtain any right, title, or interest in any of the data furnished by OHA.

SIGNATURE:

Requestor Authorized Signature

Date

Staff Use Only

Agreement Number: _____