Oregon Health Authority

Center for Health Statistics

**SELECTED QUESTIONS FROM DATA USE AGREEMENT**

*Certain questions in the Data Use Agreement may require you to look up information, or you may wish to prepare certain answers in advance. Before beginning the online form, be sure you can answer the questions below. Once you begin the online form, you cannot save your progress and return to it later.*

**PLEASE DO NOT SUBMIT THIS DOCUMENT.**

**USE IT AS NEEDED TO PREPARE YOUR RESPONSES, THEN COPY AND PASTE THEM INTO THE ONLINE REQUEST FORM.**

 **A. General Questions**

1. Primary investigator(s) and additional staff who will have access to the data

2. Working title of your project

3. IRB number (if applicable)

4. Is your request for summary tables, record-level data, or something else?

5. In what format would you like to receive the data? (SAS not available)

6. Type(s) of data you requesting (e.g., birth, death, fetal death, matched infant)?

7. What year(s) of data do you need?

8. Do you want data for Oregon occurrences or Oregon residents?

9. Do you need the medical information from the records (e.g., prenatal care, cause of death)? [Y/N]

10. Provide a detailed description of your project. Be sure to explain how the vital record information will be used. You may submit your IRB protocol or a longer description of your project, if desired, along with the signature page at the end of this survey.

11. What is the smallest geographic detail you need? Not all are available in all data years.

a. Statewide

b. County

c. City

d. ZIP code

e. Census tract (is not considered identifying information)

f. Census block (is considered identifying information)

g. Longitude/latitude (is considered identifying information)

**B. Identifiers**

1. Will the requested data include any identifying information? Check all that apply.

 **(If you are not requesting identifying information, skip to Section C)**

a. No, we are not requesting any identifying information

b. Name of individual or family member

c. Residential address or longitude/latitude

d. Residential census block

e. Social security number

f. Complete date of birth (Month/year without the day is NOT considered identifying information)

g. Other possibly identifying information (please specify)

2. Explain, in detail, why you need the identifying information and how it will be used. Please cite any applicable state or federal laws or agreements that pertain to your use of the data.

3. How and where will the data, including identifying information, be stored? Please include a description of the network and computer security measures in place to protect confidential data.

4. How and when will you dispose of the record-level data that contains identifying information?

5. Will you be saving an analytical file derived from these vital records data elsewhere?

a. Yes (if YES, please specify location)

b. No

**C. Data Linking**

1. Will record-specific data be linked to other databases in any way?

 **[Y/N 🡪 If NO, skip to Section D]**

2. With what database(s) do you plan to add, link, or merge vital record birth information?

3. Is this linked database containing birth certificate data stored on a secured network computer or at the Oregon State Data Center?

a. Yes

b. No (If NO, specify where data will be stored and describe security features.)

4. Will this linked database be shared, released, or provided in any way to any other agency or person that would have access to the confidential identifying information?

a. Yes (If YES, provide the name of the organization(s) or individual(s) with access.

b. No

**D. Follow-up contact**

1. Will you be conducting follow-up with individuals, their family members, or their providers listed on the record? **[Y/N 🡪 If NO, skip to Section E]**

2. Does your project have Oregon Public Health Division and/or Multnomah County Institutional Review Board approval? [Y/N]

3. Describe the purpose of your follow-up contact.

**E. Variables requested**

1. Which variables are you requesting? See file layout for complete variable list.