Non-Confidential Data Request Form

*Date of First Contact: __________

Deadline needed by: _________________

Type of Contact: Email

*Required Fields

Requester Information

*Name:

Title:

*Phone:

*Email Address:

If Student - Professor’s Name:

Professor’s Contact Info:

PLEASE NOTE:

Data requests may take 8 to 12 weeks for delivery, depending on the complexity of the request and to ensure correctness and quality of the output.

Media or legislative related outputs require review by the NH DHHS Public Information Office (PIO) before release.

Non-confidential public health data is released in aggregated outputs to protect against constructive identification of individuals.

Individual record level, or data with personal identifiers (i.e. date of birth, street address, names, etc.) requires a Confidential Data Request and assessment by the Privacy Review Board. The Confidential Data Request form is found on the following web site:
http://www.dhhs.nh.gov/dphs/hsdm/publications.htm

Send this completed request form to:
Claire Gendron, Executive Secretary
Health Statistics and Data Management
NH Department of Health and Human Services
29 Hazen Drive, Concord, NH 03301
Fax to: 603-271-7623  
Email to: Claire.Gendron@dhhs.state.nh.us  
Questions Call: 603-271-4988  

**TYPE OF DATA NEEDED:**

**VITAL RECORDS:**  
- Birth Certificate Data  
- Death Certificate Data  
(There are coding limitations in 2004 Birth and Death Data)  
- Marriage Certificate Data  
- Divorce Certificate Data

**HOSPITAL DISCHARGES:**  
- Inpatient Hospital Discharge Data  
- Outpatient (ED) Hospital Discharge Data

**ENVIRONMENTAL:**  
- Ambient Air Quality Data (by County only)  
- Public Drinking Water Quality Data (by water system)

**OTHER:**  
- Cancer  
- Behavioral Risk Factor Surveillance System (BRFSS)  
- Estimated Population  
- NH Birth Conditions Program (Birth Defects)  
- Other Data Set: (please specify)

**GROUP BY:**  
(Note, not all data sets are available in these groupings)

<table>
<thead>
<tr>
<th>Year(s) Requested:</th>
<th>AGE GROUPS:</th>
<th>GENDER:</th>
<th>LOCATION(s):</th>
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<tbody>
<tr>
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<tr>
<td>-</td>
<td>__Most Recent Year(s)</td>
<td>__Standard Age Groups</td>
<td>__Male Only</td>
</tr>
<tr>
<td></td>
<td>__By Individual Year</td>
<td>__Specific Age Groups</td>
<td>__Female Only</td>
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<tr>
<td></td>
<td>__Years Grouped Together</td>
<td>(please specify)</td>
<td>__Total</td>
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<td>__Both</td>
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**DELIVERABLE**

<table>
<thead>
<tr>
<th>OUTPUT:</th>
<th>FORMAT:</th>
<th>PREFERRED DELIVERY METHOD:</th>
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<tbody>
<tr>
<td>Counts</td>
<td>__MS Excel Spreadsheet (suggested)</td>
<td>__Email</td>
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<tr>
<td>Rates</td>
<td>__MS Word Document</td>
<td>__Mail / Fax</td>
</tr>
<tr>
<td>Percents</td>
<td>__MS Power Point</td>
<td>__HSDM Staff Presentation at Event</td>
</tr>
</tbody>
</table>

**DETAILS OF REQUEST**  
(Use more space as needed.)

Description of any other details needed for your request:

Description of project and how this data will be used:

For Hospital Data: ICD-9 Codes or disease conditions of interest:

For Death Data: ICD-10 Codes or causes of death of interest:

Please explore self service online data available at the following websites:  

Email this document to requester with the following instructions:  
T:\OCPH\EPH\BHSDM\Group\Standard Operating Procedures Manual\VI. Data Requests-How To\Forms for data requesting  
File Name: Non-Conf Data Request-How To 3-21-2012.ppt