



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF PUBLIC HEALTH STATISTICS AND INFORMATICS

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29 HAZEN DRIVE, CONCORD, NH 03301
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www.dhhs.nh.gov

Non-Confidential Data Request Form

***Date of First Contact:** _____
Type of Contact: Email

***Deadline needed by:** _____
***Required Fields**

Requester Information

***Name:**

***Organization Name:**

Title:

***Phone:**

***Organization Address:**

***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)

Year(s) Requested:

- _____
- Most Recent _____ Year(s)
- By Individual Year
- Years Grouped Together
- Both

AGE GROUPS:

- Standard Age Groups
- Specific Age Groups
(please specify)
- _____
- _____

GENDER:

- Male Only
- Female Only
- Total

LOCATION (s):

- All of NH
- Public Health Network:
- Hospital Service Area:
- By Hospital:
- Counties:
- Towns:

DELIVERABLE

OUTPUT:

- Counts
- Rates
- Percents

FORMAT:

- MS Excel Spreadsheet (suggested)
- MS Word Document
- MS Power Point

PREFERRED DELIVERY METHOD:

- Email
- Mail / Fax
- HSDM Staff Presentation at Event

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:

<http://www.nhhealthwrgs.org/library/> and <http://www.nh.gov/epht/>

Email this document to requester with the following instructions:

T:\OCPH\EPI\BHSMD\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

This Box is for HSDM Office Use Only
Date Request Received: _____
Request Assigned to: _____
Date Assigned: _____
Request Number: _____