

Partnership Annual County Data/Info Sharing: Request for Data

Please fill out all fields. When complete, send to CHACHIP@partnershiphp.org.

Date of request: _____

County: _____

Requester first name: _____ Last name: _____

Requester title: _____

Email address: _____ Phone number: _____

Urgency of request: ☐ Routine ☐ Urgent

If urgent, describe urgency: _____

Type of request: _____

If you chose "Other," please describe: _____

Title of request (brief description of requested data):

Narrative of how data will be used by county:

What question county hopes to answer with the data?

Narrative of data request:

Describe other possible data sources available for this purpose/data/report and the feasibility of these other sources:

(Continued on next page)

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*If an element below does not apply,
please write "N/A" or provide an explanation in the space provided.*

Description of the denominator: _____

Inclusions for denominator: _____

Exclusion for denominator: _____

Description of numerator: _____

Output fields requested: _____

Time range of data: _____

Time frame of output: _____

Calculated output fields: _____

Groups or order of output fields: _____

Is personalized identifying information (PHI) required in the output? ☐ Yes ☐ No

If yes, explain why: _____

*Note: Public Health Officer or Director must review this request and sign below
before the LHJ submits the request to Partnership.*

Public Health Officer/Director name (printed): _____

Public Health Officer/Director email address: _____

Public Health Officer/Director signature: _____

Date: _____