

Nebraska DHHS Division of Public Health Data Request Form

Instructions: Type or write responses below. Email completed form to dhhs.datacenter@nebraska.gov or fax to 402-471-1371.

Section 1: Customer/Requestor Contact Information			
Name		Title	
Organization			
Address			
Phone Number		Email Address	
Section 2: Request Description			
Purpose of Request <i>(what the data is required for)</i>			
Description of Data Requested <i>(Please include dates/time frames for any analysis, and other specific Categories and selection criteria required in the data)</i>			
Format Requested <i>(Table, Map, Spreadsheet, Word etc) – please specify</i>		Customer <i>(if not requestor)</i>	
To be used in <i>(presentation, report etc) – please specify</i>		Intended Audience <i>(if appropriate)</i>	
Section 3. Request Timeline			
Data Request Date		Desired Completion Date	

The Division of Public Health takes its responsibility to protect the confidentiality of health data very seriously. We expect you to have sufficient security measures in place to assure us that no patient identifying information supplied to you by this office will be seen by any but the intended recipients. **The availability and details of the data requested are determined by corresponding data owners.** If you have any questions about security and/or another aspect of the data request process, please call 402-471-2241 or email DHHS.DataCenter@nebraska.gov.