



Data Use Agreement

Purpose: This form may be used when an agency or researcher outside DOH is requesting an individual record-level dataset from a WCFH program.

The Alaska Section of Women's, Children's, and Family Health (WCFH) places the following conditions on the sharing, acceptance, and use of _____ (*dataset/program name*) data collected and maintained by WCFH:

_____ (*applicant name*) with _____ (*agency*) will have access to the data for research and analysis as defined on the attached data request. If individuals with access to the data change due to staffing transitions or changes in employment status, WCFH will be notified, and new contact information will be provided. For student applicants, advisors must initial each item and co-sign the agreement. The recipient and all associates with access to the data set for analysis purposes acceptable as part of this data request will submit to WCFH a signed Data Use Agreement (DUA).

Initial each item. Each individual with access to the dataset must submit a separate agreement.

_____ "Ownership" of the data set remains with WCFH. Under the Health Insurance Portability and Accountability Act (HIPAA), the individual or patient is the "owner" of his/her data; all others have limited rights of use.

_____ When the proposed analyses are completed, I will destroy all copies of these data (confirmed in writing) or return the data to WCFH. If data must be maintained, the reason and anticipated duration is explicitly stated on the attached Data Request. I understand that if a need exists to utilize the data past the end date indicated on the Data Request, a new Data Use Agreement must be signed. No analyses outside of the approved study protocol will be conducted without a written protocol amendment agreed upon by all study partners, including WCFH.

_____ I will use appropriate administrative, technical, and physical safeguards for data storage and transmittal to prevent use or disclosure of the data other than as provided for by this DUA.

_____ I understand that release of non-aggregated or semi-aggregated data to any other individual or agency without the express permission of WCFH is prohibited.

_____ I understand that aggregate/summary data shared or published must conform to the AK DPH Guidelines for Reporting Small Numbers and/or the reporting policies of data sources used. (*WCFH will provide applicable guidelines or policies at time of approval of request.*)

____ I will follow all prevailing laws and regulations relating to the protection of individually identifiable information, including HIPAA privacy regulations.

____ I will commit to protecting the identity of individuals whose information is in the dataset. (Although names may not be provided, in some communities, dates, age, sex, race and place, if requested, approved, and provided, may be sufficient to identify an individual.) I will not attempt to identify or contact the individuals whose data is in the dataset, and I will notify WCFH immediately if the identity of a particular individual is discovered inadvertently.

____ Institutional Review Board (IRB) approval has been (or will be) requested if these data will be used for purposes other than public health activities. I will share a copy of the IRB determination letter with WCFH. If no IRB approval will be sought, justification for this decision is described in the study protocol or data request.

____ For analyses using PRAMS or CUBS data (including data provided by ALCANLink), I acknowledge that I have training and experience in analyzing complex survey data and access to appropriate analysis software. WCFH program staff reserve the right to request initial runs to ensure analyses are conducted appropriately. CDC PRAMS guidelines* will be followed when reporting weighted data. I understand that names and birth dates for CUBS participants during 2021-2023 will not be shared. (*initial or indicate N/A*)

____ I will allow WCFH at least two weeks to review conclusions based upon data prior to presentation or submission to a journal or report publication. This is to ensure correct interpretation of the data. If disagreement exists, I will allow WCFH the opportunity to include comments within the published document. Acknowledgement will be given to the Alaska Department of Health, Division of Public Health as the source of data in any oral or written presentations of the results. WCFH will be notified upon final publication of an article or report and provided with citation information.

I have read and agree to the above conditions of release and use of data from the Alaska Section of Women’s, Children’s, and Family Health. By signing, I also agree to observe HIPAA privacy and confidentiality rules and regulations.

Applicant Name: _____

Signature: _____ **Date:** _____

If applicable:

**Authorized Organizational Representative
or Student Faculty Advisor Name:** _____

Signature: _____ **Date:** _____

Please email an electronic copy of the completed form to mch-epi@alaska.gov

* Estimates for which the total number of PRAMS/CUBS survey respondents was less than 30 are not reported and estimates based on number of respondents between 30 and 60 are reported with note that estimates may be unreliable



Data Request
Section of Women's, Children's, and Family Health

Project Title: _____

Short Description and Purpose of Project:

If no IRB approval for this project will be sought, explain.

Anticipated end date (Month/Year): _____

Study Protocol

If deemed necessary by the WCFH Program Manager, please attach a full study protocol following the MCH Epidemiology Data Sharing Protocol Outline. A full IRB proposal is sufficient to meet this requirement.

Protocol attached ___Yes ___No

Type of Data Requested: ___De-identified dataset ___Limited dataset ___Other

Attach a list that describes specific years of data requested, variables of interest, etc. If a limited dataset or one that includes other identifiers is being requested, explicitly state which identifying variables are being requested and the reason for the request.

Documentation of IRB review and approval is required for all non de-identified dataset requests.

IRB approval attached (if applicable) ___Yes ___No ___N/A

Primary applicant (person receiving data transfer): _____

Agency _____

Phone number: _____ **Email:** _____

WCFH USE ONLY

Request approved _____ *Conditions for approval attached (if applicable).
A signed Data Use Agreement must be received prior to release of data.

Request denied _____ *Reasons for denial attached.

Name of reviewer: _____ **Date:** _____