

Dutchess County Department of Behavioral & Community Health Data Request Form

Name:

Organization/Department:

Address:

Phone Number:

Fax Number:

E-mail:

Date of Request:

The following information is to assist our Biostatisticians in completing your request.

1. What is the purpose of your request? Please check appropriate box and then explain.

Research

Grant writing

School project

Other (specify)

Explain:

2. What variables do you need (e.g., births, deaths)?

3. What time period are the data for (e.g., most recent year, multiple years, sequential/aggregate)?

4. Define your population:

Age:

Race/Ethnicity:

Gender:

Other (specify):

5. What is/are the geographic area(s) for the requested data?

County:

Municipality (specify):

Other (specify)

6. What format do you need the variables in (e.g., numbers, percentages)?

Please allow up to two weeks for processing of your request. Also note that individually identifiable health information is protected under the Health Information Procurement Accountability Act (HIPAA) and cannot be released.

Internal Office Use:

Received by: _____ Date received: _____

Reviewed with: _____ Date reviewed: _____

Approved by: _____ Date: _____

Completed by: _____ Date Completed: _____

Dutchess County Department of Behavioral & Community Health – 85 Civic Center Plaza - Suite

106, Poughkeepsie, NY 12601 Fax: 845-486-3561 Email: healthinfo@dutchessny.gov