

Data Request Form

For questions please email Elizabeth.Poynter@ltdhd.org

Name: _____

Organization or LTDHD Department: _____

Email: _____

Phone Number: _____

If you are an LTDHD Employee, data must meet the following criteria: (Please check all that apply):

- Align with Community Health Improvement Plan strategies
- Evidence based program implementation or evaluation
- Data requested for community stakeholders to impact policy, environmental, or systems change

Reason for request and how the information will be used (How will the data be shared? Who is the intended audience?):

The specific data variables requested:

Requesting counts or rates (e.g. the number of occurrences, mortality rates):

Time Period: _____

Geographic Area (County, Zip Code [if available]):

Data Aggregated by (race, gender, age [if available]):

Requested date of completion:

Format of product desired (Excel, Word, Infographic, PowerPoint, etc.) If you have a sample, please submit as an attachment with this request.

Attach a file

Requests will be reviewed by the Accreditation Manager. Requests will be completed as close to the due date as possible. Please allow up to 5 business days for a reply to your request.

As a recipient of data shared with me by Lincoln Trail District Health Department (LTDHD), I agree to the following:

- **I will let LTDHD review the document that uses or relies on provided data before publishing.**
- **I will cite Lincoln Trail District Health Department as a data source for all studies and other applications that use or rely on provided data.**
- **I agree to indemnify and hold harmless LTDHD and its employees, officers, and agents from and against any claim, cause of action, liability, damage, cost, or expense arising out of or in connection with any unauthorized or prohibited use or disclosure of provided data.**
- **If I am provided a raw data set, I will not share it with other parties without permission from LTDHD.**

By checking this box, I agree to the above.

Signature of Requestor

Date

Signature of LTDHD Employee completing request

Date Received

Date Provided to Requestor

Please submit all data requests to Data@ltdhd.org

For issues requiring immediate service please call 270-769-1601 and ask for the Public Health Impacts Department.