



Data Request

(This form MUST be typed*)

Requester Information

Request Date: Phone:
Name: Fax:
Organization: E-mail:
Address: Address 2:
City, State Zip Code:

Type of Data Request

Identifiable (non-public) data cannot be released unless it is for one of the following purposes outlined in Title 26B, Chapter 8, Part 4 of the Utah Code. Please select the type of data request:

- 1. I am requesting a public data set (no identifiable information).
- 2. I am an individual requesting data about myself (or I am the individual's legal representative as defined by law)*
- 3. I am requesting data on another individual and have received consent* from: the individual; the next-of-kin if the individual is deceased (proof of death is required); the parent or legal guardian if the individual is a minor or mentally incompetent; or a person holding a power of attorney covering such matters on behalf of the individual.
- 4. I am an individual, or represent an organization, requesting data for bona fide research or statistical purposes (an IRB will need to be completed).
- 5. I represent a state or federal government entity requesting to use the data for the purpose for which it was collected by the Department of Health.
- 6. I represent a government entity requesting data to conduct an audit, evaluation, or investigation of the Department.
- 7. I am a local health officer requesting specific medical or epidemiological information for the purpose of enforcing quarantine, continuing patient care, or undertaking public health efforts.
- 8. I am a health care provider requesting data for the purpose of assisting the patient or protecting the health of others closely associated with the patient.

*** In order to receive information about yourself or another individual which you have received consent from you must provide proof of identity. This proof may be in the form of a notarized signature or in-person verification of identity.**

Data Requested

Please specify the data you are requesting. Include dates and other criteria as applicable. Be as specific as you can:

Potential Cost to Provide Data

Please notify me if the amount is above: \$ _____.

Purpose of Data Use

Please state the purpose for which the data will be used:

Submitting this Form

Please submit this form by mail, fax, or e-mail to:

Marcy Willits
Records Officer/Data Steward
Bureau of Emergency Medical Services
4501 South 2700 West
Taylorsville, Utah 84129

Phone: 801-541-5740

Email: mwillits1@utah.gov

Reserved for Bureau Use Only

Date Received: _____

Approved By: _____

Denial Reviewed By: _____

Data Use Agreement Received:

Data Request Log Completed:

Approved

Data Fee: _____

Data Sent: _____

Method of Delivery:: _____

Delivered By: _____

Denied

Received:

***If you are unable to TYPE this request, please call.**