New Mexico SBHC Data Request Form

Date: Click or tap to enter a date.

Name and Contact Information: Click or tap here to enter text.

Purpose (research/evaluation questions): Click or tap here to enter text.

Dissemination/Audience: Click or tap here to enter text.

When you need the data by: Click or tap to enter a date.

Data being requested:

|  |
| --- |
| Visit Data [ ]  Dates Requested: Click or tap here to enter text. |
| Location(s) | Demographics | Diagnosis Codes | Procedure Codes |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| Risk Screening: eSHQ MS [ ]  eSHQ w/CHISPA [ ]  Just Health [ ]  GAD-7 [ ]  PHQ-9 [ ]  Other [ ]  |
| Location(s) | Demographics | Screening data being requested *(Include dates requested)* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| Operational Plan [ ]  (*funding, quality improvement details, success stories, clinical operations, provider hours, etc.)* |
| Location(s) | Operational data being requested *(Include dates requested)* |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| Patient Feedback [ ]   |
| Location(s) | Demographics | Feedback data requested *(Include dates requested)* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| Other [ ]  |
| Location(s) | Other data being requested *(Include dates requested)* |
| Click or tap here to enter text. | Click or tap here to enter text. |

Define Data Tables: *How do you want the data: word, excel, rows=records, columns=fields, cells=values, counts, percent, etc.,*

|  |
| --- |
| Click or tap here to enter text. |

Other Details:

|  |
| --- |
| Click or tap here to enter text. |

Describe how and where you will maintain files on your workstation and when not in use:

|  |
| --- |
| Click or tap here to enter text. |

How will you protect the confidentiality of your data set:

|  |
| --- |
| Click or tap here to enter text. |

Agreements and Understandings

* This form is not a Data Sharing Agreement. If data request is approved, a formal Data Sharing Agreement will be developed based on the information provided. Requesting individuals and organizations must follow HIPAA requirements, including signing any agreements needed to comply with HIPAA, or other, laws.
* Requesting individuals and organizations will share product or findings that utilize the data with OSAH and Apex for vetting before dissemination. This applies to ongoing research and multiple products.
* Requestors shall give credit to the NMDOH OSAH in any published or unpublished reports. The recommended acknowledgment and disclaimer are as follows:
	+ "Data were provided by the New Mexico Department of Health Office of School and Adolescent Health (OSAH) School-Based Health Center (SBHC) Program. This report does not represent the official views of OSAH or of the NM Department of Health."
* Data is for the use of the requesting individual or organization and sharing with others requires permission. Data supplied by Apex cannot be used for any other reason than those listed above or on the Data Sharing Agreement. If data set is needed for other purposes a new form must be completed and approved.
* Requesting individuals and organizations cover costs associated with data request if not already covered by existing grant or contract.
* Data will be sent to Requestor securely, however, it is the Requestors responsibility to maintain the security and confidentiality of the data after receipt.
* Duration of approval for the use of the data set will be included in the Data Sharing Agreement and all data sets must be returned and/or deleted at the end of approval period.
* Response time varies with complexity of request and other commitments.

Please send completed request forms to: b.hutcherson@apexeval.org

**Apex Education, Inc.**

Date Received: Click or tap to enter a date.

Approved/Denied: Choose an item.

Reason Denied: Click or tap here to enter text.

Name and Title: Click or tap here to enter text.

Signature: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office of School and Adolescent Health (OSAH)**

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