

Ohio Department of Health
2015 Data User Agreement for Local Health Department Access to Ohio Cancer Incidence Surveillance System Data

1. Must be completed by the person requesting access to Ohio Cancer Incidence Surveillance System data.

Every individual authorized to access Ohio Cancer Incidence Surveillance System (OCISS) data holds a position of trust relative to this information and must recognize the responsibilities entrusted to him/her in preserving security and confidentiality of this information. OCISS data, including information that could be used to identify an individual and his or her health status, is considered confidential information. Confidentiality requirements that apply to these data include, but are not limited to, Ohio Revised Code Section 3701.17. City or county regulations or ordinances or other laws may place additional restrictions on data use and release. The inappropriate actions of an authorized user of OCISS data may threaten the security and confidentiality of this information. Persons provided access to OCISS data shall know, understand, and adhere to the following requirements:

1. I will only use these data for public health purposes.
2. I will not release or allow access to these data, in full or in part, to any person(s).
3. I will not attempt to link de-identified OCISS data to individually identified records in another database, file or information source.
4. I will not attempt to contact any cancer cases from these data without the approval of my Health Commissioner, OCISS, and the person's physician.
5. I will not present or publish these data in a manner in which any individual can be identified. I will adhere to ODH's Disclosure Limitation Standard: <http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/data%20statistics/standards/methodological%20standards/disclimit.ashx>. I will not present or publish point maps showing residences of cancer cases.
6. I will include the following acknowledgment and disclaimer in any report, publication or presentation that uses these data: "Cancer incidence data used in these analyses were obtained from the Ohio Cancer Incidence Surveillance System (OCISS), Ohio Department of Health (ODH), a cancer registry partially supported by the National Program of Cancer Registries at the Centers for Disease Control and Prevention (CDC) through Cooperative Agreement Number U58DP003936. Use of these data does not imply that ODH or CDC agrees or disagrees with the analyses, interpretations or conclusions in this report (or publication/presentation)."
7. I will send a copy of any report, publication or presentation that uses these data to OCISS at the time of release.
8. I will report any violations of this data user agreement (DUA) to my Health Commissioner and OCISS immediately.
9. I understand that authorization for access to OCISS data terminates when my employment is terminated or when access to the data is not required for my work-related responsibilities.
10. I understand that this DUA and my access to OCISS data terminate on December 31, 2015. Should I continue to need access to OCISS data after December 31, 2015, I will submit a new DUA to OCISS.

I have read and will comply with the above requirements. I request access to:

- | | |
|--|---|
| <input type="checkbox"/> De-Identified Official End of Year Data (1996-2012) | <input type="checkbox"/> Identified Official End of Year Data (1996-2012) |
| <input type="checkbox"/> De-Identified Current Data (1996-2015) | <input type="checkbox"/> Identified Current Data (1996-2015) |

Signature _____ Print Name _____ Date _____

Telephone Number _____ Email Address _____

2. Must be completed by the Health Commissioner for the Local Health Department/District for which OCISS data are being requested.

The person requesting access to OCISS data is either employed by, contracted by, or otherwise performing work at the request of this health department/district and needs to access OCISS data to perform his/her work. I understand that this person is responsible for following the above guidelines for assuring proper access and use of OCISS data. I will notify OCISS immediately if this person is no longer employed at this health department/district or no longer needs access to OCISS data for any work-related responsibilities.

Signature _____ Print Name _____ Date _____

Telephone Number _____ Email Address _____

Health Department/District _____

3. Return this data user agreement to the Ohio Department of Health:

By mail: OCISS, Division of Prevention and Health Promotion, Ohio Department of Health, 246 N. High Street, Columbus, OH 43215 or by email: OCISS@odh.ohio.gov.

Please contact OCISS with questions at (614) 644-1844 or OCISS@odh.ohio.gov.