



Vital Statistics Data Request Form

Contact Information of Requester

Name:

Date:

Title:

Organization:

Type of Organization

Address:

Government Entity:

City:

Law Enforcement Agency

State:

Regulatory Agency

ZIP Code:

Other:

Phone #:

Fax #:

Nonprofit/Academic:

Email Address:

University of California

California State University

Other:

❖❖ IMPORTANT NOTICE ❖❖

Requests may be subject to review by the Department of Public Health's Institutional Review Board (DPH IRB) or forwarded to the California Department of Public Health's Center for Protection of Human Subjects (CPHS) to determine whether a full submission of the proposed use of data is required. For more information on these review boards, please visit the following websites:

- County of Los Angeles Department of Public Health IRB

<http://publichealth.lacounty.gov/IRB/index.htm>

- California Department of Public Health CPHS

<http://www.oshpd.ca.gov/boards/cphs/>

If you are interested in obtaining tabulated mortality data, life expectancy tables, and/or health surveys, please visit our online query system at:

- L.A. HealthDataNow!

<http://dqs.hasten.ladhs.org/default.aspx>

For any further information, please contact the Office of Health Assessment and Epidemiology Program.

Office of Health Assessment and Epidemiology

313 N. Figueroa Street, Room 127

Los Angeles, CA 90012

Telephone: (213) 240-7785

Fax: (213) 250-2594

E-mail: DCA@ph.lacounty.gov

Data Files Requested

Death Linked Files, Los Angeles County

Race (White, Black, Hispanic, AI, Asian/Pacific Islanders) **Years Available:** Single year files from 1979 to 2009

Sex

Age

Requesting Data Year(s):

Date of death (year only)

Underlying cause (ICD codes only)

Birthplace

Name

Address

City of residence

Service planning area(s)

Health district(s)

Supervisorial district(s)

Census tract(s)

Social security number*

Mother's maiden name*

All data sets are in SAS format.

Electronic Death Registration System, Los Angeles ^

Race (White, Black, Hispanic, AI, Asian/Pacific Islanders) **Years Available:** Single year files from 2005 and forward

Sex

Age

Requesting Data Year(s):

Date of death (year only)

All causes (text format)

Birthplace

Name

Address

City of residence

Social security number*

Mother's maiden name*

All data sets are in SAS format.

Birth Data, Los Angeles County

We do not provide any raw birth data files. Please contact the California Department of Public Health for obtaining the raw files (<http://www.cdph.ca.gov/programs/ohir/Pages/OHIRApplications.aspx>), or contact the Maternal Child and Adolescent Health Program (<http://publichealth.lacounty.gov/mch/index.htm>) at (213) 639-6400 for tabulated data files.

* For special requests only. Requests will be subject to review by the DPH IRB or the California Department of Public Health's CPHS.

^ Excludes cities of Long Beach and Pasadena.

Access to Data

Who will have access to the data? List the names of all persons including vendors/contractors who will have access to the requested files explain their relationship to the sponsoring institution (faculty, student, analyst, etc.). If you need more space, please attach a separate sheet.

Person #1

Name:

Telephone:

Organization:

Function:

Person #2

Name:

Telephone:

Organization:

Function:

Person #3

Name:

Telephone:

Organization:

Function:

Person #4

Name:

Telephone:

Organization:

Function:

Person #5

Name:

Telephone:

Organization:

Function:

Person #6

Name:

Telephone:

Organization:

Function:

The agreement below applies to and must be signed by each applicant. It has been determined that data files previously deemed "public use," "unidentifiable," or "non-confidential" are at risk of re-identification through the use of the internet and other sources for fraudulent use. The law obligates users of the files to protect the identity and privacy of subjects contained in the files. Please read the agreement below, sign, and return with the application.

Vital Statistics Data Access Agreement

I, undersigned, on behalf of the organization represented in this application and under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files or any portion thereof, or to release names or other personal identifiers, including social security number and/or mother's maiden name from the files. I agree not to use files for purposes not described in this agreement without contacting the Office of Health Assessment and Epidemiology Program. I agree that the files or portions of the files will not be posted on the Internet except as provided by law, Health and Safety Code 102231(e), and will not be used for fraudulent purposes. I understand that violation of this agreement or violation of Health and Safety Code Sections 102230 and 102231 is a misdemeanor punishable by up to one year in jail and/or a fine of \$1,000 and may result in denial of further access to data files, Health and Safety Code, Sec.102232. Additionally, I agree to destroy or return all vital statistics data files obtained via this application to the Office of Health Assessment and Epidemiology Program, Epidemiology Unit upon completion of the project.

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Public Health as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the County of Los Angeles Department of Public Health / Office of Health Assessment and Epidemiology.
3. If the data requester hires an outside contractor(s)/agency(ies) to process the data, the requester must notify the Office of Health Assessment and Epidemiology Program.

User's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Office of Health Assessment & Epidemiology Use Only

Application Received Date: _____

EU Authorization Signature: _____

Authorized Date: _____