

RELEASE ASSURANCES FORM

RHODE ISLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA

Center for Health Data and Analysis, Rhode Island Department of Health

I acknowledge that access to information from the Rhode Island Behavioral Risk Factor Surveillance System (BRFSS) Data described below and provided by the Center for Health Data and Analysis, Rhode Island Department of Health, is granted solely upon the condition that I agree to abide by the terms set forth in this Release Assurances Form.

Requested data files:

Standard public use data file(s) and supporting SAS documentation.

Check time periods requested:

<input type="checkbox"/> CY1998	<input type="checkbox"/> CY2003	<input type="checkbox"/> CY2008
<input type="checkbox"/> CY1999	<input type="checkbox"/> CY2004	<input type="checkbox"/> CY2009
<input type="checkbox"/> CY2000	<input type="checkbox"/> CY2005	<input type="checkbox"/> CY2010
<input type="checkbox"/> CY2001	<input type="checkbox"/> CY2006	<input type="checkbox"/> CY2011
<input type="checkbox"/> CY2002	<input type="checkbox"/> CY2007	<input type="checkbox"/> CY2012

(Note: CY = calendar year)

Proposed use of requested datafile(s): (Attach pages as necessary)

I agree to comply with the following conditions:

Confidentiality

1. The confidentiality of the BRFSS datafiles described above will be maintained as required by Chapter 5-37.3-4 of the General Laws of Rhode Island (Confidentiality of Health Care Communications and Information Act) and by all federal and state laws and regulations governing confidentiality of such information, and by requirements specified by the Institutional Review Board of the Rhode Island Department of Health for the protection of human research subjects, where applicable.

2. BRFSS datafiles will be used only for statistical reporting and analysis. No information from the BRFSS datafiles described above will be published or disseminated in a form that might permit identification of an individual respondent.
3. The BRFSS datafiles described above will not be transmitted in whole or in part to any other party. Unintentional release will be prevented by physical and password protection.
4. If and when disposed of, all information provided under this agreement will be handled as follows:
 - a) paper records will be shredded or burned; and
 - b) Computer tapes, diskettes, CDs, and electronic files will be destroyed, completely erased, or returned to the Center for Health Data and Analysis, Rhode Island Department of Health.

Attribution

5. No statement shall be made indicating or suggesting that interpretations drawn from BRFSS data are those of the Center for Health Data and Analysis, Rhode Island Department of Health other than for work conducted in collaboration with the Center for Health Data and Analysis and reviewed and approved by that Center.
6. If cited in a publication or presentation, the source of the data will be acknowledged as the Rhode Island BRFSS and cited as follows:

Data Source: Rhode Island Behavioral Risk Factor Surveillance System, [year(s)]
Center for Health Data and Analysis, Rhode Island Department of Health, and
supported in part by the National Center for Chronic Disease Prevention and Health
Promotion, Centers for Disease Control and Prevention Cooperative Agreement
5U58DP001988.

7. A draft copy of any proposed publication or presentation shall be submitted to the Center for Health Data and Analysis for review prior to publication. At least one copy of any publication(s) based on use of the data will be provided to the Center for Health Data and Analysis, RI Department of Health.
8. An annual report of the uses of BRFSS data based on prior releases must be submitted to the BRFSS Project Director, Center for Health Data and Analysis, RI Dept. of Health, 3 Capitol Hill, Providence RI 02908

Release of subsequent new datasets will be contingent on receipt of these annual reports for datasets already provided to the user.

Commercial Use

9. The received BRFSS Data will not be used for any commercial purpose, as defined in Section 38-2-6 of the General Laws of Rhode Island (Public Access).

Cost of Production and Payment

10. The costs of production of the received data and documentation are provided below. Payment must be received prior to release of the data. Money orders or cashier's checks are the only forms of payment accepted, made payable to "General Treasurer, State of Rhode Island." Please mail or bring payment to:

Center for Health Data and Analysis
Rhode Island Department of Health
3 Capitol Hill, Room 407
Providence, RI 02908

Amount \$100 per data year.

Misuse and Penalties

11. I accept responsibility for any misuse of the information provided and agree to hold Rhode Island Department of Health harmless for such misuse.
12. Should I fail to comply with the terms and conditions of this Release Assurances Form, access to the BRFSS Data will be terminated immediately, and all data will be returned to the Center for Health Data and Analysis, Rhode Island Department of Health. I understand that unauthorized disclosure of information from confidential records may be punishable, upon conviction, by a fine and/or imprisonment or both, and/or civil penalties as prescribed by law.

Signature _____

Date _____

Name _____

Title _____

Organization _____

Address _____

Phone Number _____

Email Address _____

Approved by: _____

Chief, Center for Health Data and Analysis

Date: _____