



Kentucky Public Health
Prevent. Promote. Protect.

**Kentucky Behavioral Risk Factor Survey
(KyBRFS)**

Data Request And Release

KRS § 216.2927



Program or Project Name: _____

Organization: _____

Contact Person Name: _____

Additional Authorized Users:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Data Requested: Please specify years and geographic variables:

Proposed Use of Data and Methods of Analysis: [Include justification for geographic variables]

[Attach additional sheets as necessary]
Please turn page over

The undersigned investigator agrees to the following with respect to KyBRFS data:

1. I will not use, and will not permit others to use, the data in these datasets in any way other than for statistical reporting and analysis.
2. I will not sell or otherwise release these datasets or any data contained therein, in whole or in part, to any other person without written approval of the Kentucky Department for Public Health (DPH).
3. I will acknowledge the Kentucky Department for Public Health and the Centers for Disease Control and Prevention as the original source.
4. I will secure these data according to procedures and security requirements of the Health Insurance Portability and Accountability Act (HIPAA) as referenced in 45 CFR Part 164 in the following ways: a) access to data will be limited to the individual (s) identified in this data release form and b) transmitted using secure methods.
5. In publications, presentations and communications in which I refer to these data I will include a disclaimer that expressly credits analyses, interpretations or conclusions reached to the author (s), and not to the Kentucky Department for Public Health or the Centers for Disease Control and Prevention, unless prior authorization is obtained.
6. I understand that the Commonwealth of Kentucky is not liable for any harm or injury that may be suffered as a consequence of any inaccurate information obtained through this request.
7. I will send any product for general dissemination that includes these data to the KyBRFS Coordinator or Epidemiologist prior to publication. I will also allow the KyBRFS Coordinator or Epidemiologist, or DPH staff member designated by the KyBRFS coordinator fifteen working days to comment on the findings within the publication.

E- signature: Investigator _____ Date: ___/___/___

Street Address _____ City, State, Zip _____

Email: _____ Phone: _____ Fax: _____

Approved:

KyBRFS Coordinator

(Date)

Data request will be completed within two weeks from the date it was received by KyBRFS

Please return completed form to:

Sarojini Kanotra, PhD, MPH
KyBRFS Project Director/Coordinator
Chronic Disease Prevention & Control Branch
Kentucky Department for Public Health
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Frankfort, KY 40621
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