

**Orange County Health Care Agency - 17<sup>th</sup> Street Testing, Treatment and Care  
HIV/AIDS Surveillance Data Request**

*Questions? Contact - Colleen Brody (714) 834-7833 or cbrody@ochca.com*

**Request No. \_\_\_\_\_ - 24**

**Date of Request:**

**Date Request is Needed:**

**Requestor Name:**

**Requester Agency:**

**Purpose of Data Request\*: (check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Advocacy                                  | <input type="checkbox"/> Presentation                | <input type="checkbox"/> Research               |
| <input type="checkbox"/> Grant Application                         | <input type="checkbox"/> Program Planning/Evaluation | <input type="checkbox"/> Report/Journal Article |
| <input type="checkbox"/> Internal Health Department Use (specify): |  |   |
| <input type="checkbox"/> Other Purpose (specify):                  |  |   |
| <input type="checkbox"/> Publication Request (specify):            | Publication Time Period:                             |   |
| Publication Name:  |  |   |

*\*Media requests need to be directed to the Orange County Health Care Agency Public Information Officer*

**Briefly Describe Data Request:**

**Time Period For Data Requested:**

**What Will the Data Be Used For?**

By submitting this data request, I agree to the following provisions:

1. Protecting the confidentiality of HIV/AIDS surveillance information is the foremost concern of 17<sup>th</sup> Street Testing, Treatment and Care HIV/AIDS Surveillance Unit. The release of surveillance data containing individually identifying information is strictly prohibited. The terms and conditions for the release of data must be consistent with applicable laws.
2. 17<sup>th</sup> Street Testing, Treatment and Care reserves the right to suppress data to maintain case confidentiality. Data tables will not contain potentially identifying information, small cell values, or information on small population subgroups.
3. All publications using the data provided must acknowledge 17<sup>th</sup> Street Testing, Treatment and Care. The following is a suggested citation: Orange County Health Care Agency, Clinical Services Division, 17<sup>th</sup> Street Testing, Treatment and Care HIV/AIDS Surveillance Unit, Data Request, <date>.
4. The dissemination of any interpretations or findings based upon the data provided must be accompanied by the following disclaimer: *The authorized release of HIV/AIDS summary data by the Orange County Health Care Agency, 17<sup>th</sup> Street Testing, Treatment and Care HIV/AIDS Surveillance Unit should not be construed as an endorsement of any analyses, interpretations, or conclusions reached by the author(s).*
5. The data provided will be used only for the purposes stated in the HIV/AIDS Surveillance Data Request.

**FOR INTERNAL USE ONLY**

|               |                                     |   |                              |   |                                |  |
|---------------|-------------------------------------|---|------------------------------|---|--------------------------------|--|
| Priority:     | <input type="checkbox"/> High       | <input type="checkbox"/> Moderate       | <input type="checkbox"/> Low |   |                                |  |
| Data Source:  | <input type="checkbox"/> HARS/eHARS | <input type="checkbox"/> Registry       | <input type="checkbox"/> LEO | <input type="checkbox"/> ARIES                | <input type="checkbox"/> Other |  |
| Describe:     |                                     |   |                              |   |                                |  |
| Demographics: | <input type="checkbox"/> Gender     | <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> Age | <input type="checkbox"/> Mode of Transmission | <input type="checkbox"/> Other |  |
| Describe:     |                                     |   |                              |   |                                |  |
| Comments:     |                                     |   |                              |   |                                |  |
| Completed By: | Date:                               | Reviewed By:                            | Date:                        |   |                                |  |

Email completed forms to [cbrody@ochca.com](mailto:cbrody@ochca.com)

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