

Bureau of Women's and Children's Health Resource Manual	DATE: 01/04/11
SUBJECT: Child Fatality Review	SECTION: CFR 001

SUBTITLE: Release of Child Fatality Review Data and Information

Purpose:

To set standards for providing quality child fatality data to health professionals, researchers, and the general public from the Arizona Child Fatality Review Database (CFR-DB) while preserving confidentiality and protecting the privacy of cases reviewed by the Arizona Child Fatality Review Program (CFRP). This policy creates the procedure to release both confidential and non-confidential information.

Policy

All requests for data will be evaluated and fulfilled according to procedures described herein, and the policies set forth by governing agencies.

Authority

A.R.S. §36-3503, Access to information; confidentiality; violation; classification

Applicability

Arizona Child Fatality Review Program
Bureau of Women's and Children's Health

Definitions

Confidential data and information – Any form of data (case reports, computer records, computer printouts, etc.) that can be attributed to an individual child or the child's family that is not considered public information.

Data Linkage – Process whereby it is determined if a record in a file matches to one or several records in another file.

Public Use Data Files – Data set available to the public with permission.

Researcher – Individual or group that is requesting confidential data from the Arizona Child Fatality Review Database (CFR-DB). This may include, but is not limited to, entities such as research groups, educational institutions, and government agencies.

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Summary data and information – Data that is aggregated and displayed so that the individual child or the child's family cannot be identified.

Division of Primary Responsibility

Bureau of Women's and Children's Health (BWCH)

Provisions and Guidelines

A. General Data Confidentiality Policies

1. Confidential information shall not under any circumstances be published or made available to the general public.
2. Information on confidential data can be released for statistical purposes in a manner such that no individual child or the child family can be identified.

B. Request for Confidential Data

1. Confidential data and information required by Researchers for research purposes will be released only upon approval of the Arizona CFRP Manager. Researchers seeking information must submit a request to the CFR in writing in accordance with established procedures as outlined in Procedure B.
2. Inquiries from the press/media shall be referred to the ADHS Public Information Office (PIO). The PIO can be contacted at (602) 542-1094. Only aggregate non-confidential information may be given to the media but the BWCH Injury Prevention Section Manager must first inform the PIO of the inquiry.

C. Inappropriate Uses of Confidential Data or Information

1. CFR data shall not be made available to individuals seeking information for monetary gain.
Examples include, but are not limited to:
 - a. Businesses trying to market a product to children or their families
 - b. Insurance or pharmaceutical companies trying to determine the status of a child fatality
 - c. Attorneys or individuals involved in wrongful death legal actions

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D. Disclosure of Summary Data

1. Summary data shall be disclosed in the following manner:
 - a. Summary data contained in published reports by CFR will be available upon request.
 - b. Request for summary data and information not available in CFR reports must be made to the Arizona CFRP Manager. The requestor may be required to cover the costs of obtaining the data.
 - c. A comment, analysis, or interpretation of the data may be provided by the CFRP.
2. In order to eliminate the possibility that individuals might be identifiable from tables containing cells with very small values, cell counts may be suppressed in the case of tables with cell counts less than 5 for ≤ 1 year of data if the geographic area is smaller than the county level.
3. Users of CFR Public-Use Data Files will be required to sign a CFR Public-Use Data Agreement prohibiting the use of data for purposes of case identification or for statistical publications that may result in the identification of a child or the child's family. These stipulations are outlined in further detail in the agreement (See Exhibit 1).

E. Re-Disclosure of Data

1. Authorized recipients of confidential data and information shall not further disclose the data and information to any other person or organization without approval of the Arizona CFRP Manager.

F. Releasing Confidential Data to Other ADHS Programs

1. Confidential data may be released to another ADHS program upon completion of the ADHS Internal Data Request Form; which must be approved by the Arizona CFRP Manager (See Exhibit 2).

G. Releasing Data to Independent Researchers

1. Summary data may be released upon request.
2. Requests for confidential data must be approved by ADHS HSRB (See Procedure B).

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Procedure

A. Preserving Confidentiality at the CFRP Program

1. All documents identifying a specific individual are considered confidential materials, and, as such, are safeguarded to the maximum possible extent. Every employee and contractor having access to the CFRP has access to confidential information regarding child fatalities occurring in Arizona. It is the responsibility of each employee and contractor to protect the right of privacy of the children whose records the CFRP maintains. This is a moral and legal obligation; therefore, rules of confidentiality are observed at all times.
2. Information that identifies a child or child's family is not disclosed or discussed with anyone other than employees or contractors having access to the CFRP or staff from specific reporting source(s). All employees and contractors are informed of their responsibility regarding confidential information. Breach of confidentiality will be grounds for immediate disciplinary action. All employees and contractors are required to sign a pledge to maintain confidentiality of all information (See Exhibit 4: Confidentiality Statement).

B. Submitting a Request for Confidential Data for Research Purposes

1. The researcher may contact the CFRP by e-mail or by telephone to announce his/her intent to submit a formal request. The Arizona Child Fatality Review Program Manager or designee will fax or e-mail the "Public Records Request Form" (See ADM-020 Exhibit 1) and the "Arizona Child Fatality Review Program Data Request Form" (See Exhibit 3).
2. The researcher must complete the "Public Records Request Form" and the "Arizona Child Fatality Review Program Data Request Form" and fax or e-mail the forms to the CFRP.
3. The researcher must submit a request to the ADHS Human Subject Review Board (HSRB) for approval. No confidential data can be given to the researcher without prior approval of the HSRB. The HSRB application and instructions are available at <http://www.azdhs.gov/diro/legal/hsrb.htm>.

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4. A copy of the formal request to the ADHS Human Subject Review Board must be forwarded to the Arizona CFRP Manager by the researcher. The copy should include:

- a. A brief outline of the proposed research
- b. A justification of the need for confidential data
- c. A list of requested data variables
- d. The preferred format of the data
- e. Needed frequency of the data (i.e., one-time data linkage vs. a continuous data pull for a survey)
- f. Description of how the data will be stored
- g. A list of who will have access to the data
- h. A description of how and when the data will be destroyed upon completion of the research project

5. If HSRB approval is granted, BWCH Injury Prevention Section Manager, and the Arizona CFRP Manager will meet to determine whether participation with the researcher is appropriate and data will be released.

- a. Approval will not be granted to Researcher if the HSRB disapproves of the research project.

6. If an agreement is made to proceed with the research, the Arizona CFRP Manager or designee will write a short memo documenting the decision and rationale for proceeding (i.e., the release is necessary for prevention) or disapproval. The Researcher will be notified if disapproved.

7. Upon approval, the Arizona CFRP Manager or the designated BWCH staff will complete the request.

8. The CFRP will provide the researcher the confidential data file, a letter describing the data, and a data dictionary produced by the CFRP. These will be delivered via one of the following ways:

- a. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format on a CD through FedEx in an envelope marked "confidential".

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- b. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format through encrypted e-mail using Secure Messenger by following the procedures in the Secure Messenger manual provided by Information Technology Services at ADHS.
- c. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format through encrypted secure File Transfer Protocol (FTP).
- 9. The password will be sent separately via an encrypted e-mail using Secure Messenger by following the procedures described in the Secure Messenger manual provided by Information Technology Services at ADHS.
- 10. The CFRP will maintain a case listing of the data sent to the Researcher. This will allow the CFRP to answer any questions after the data file has been sent to the researcher. This also allows the CFRP to identify to track data used for research.
- 11. The CFR Program will maintain all files related to the research project. The Arizona CFRP Manager will update the Data Request Log immediately upon completion of the project.

Responsible Position: Arizona Child Fatality Review Program Manager

C. Request for Non-Confidential Aggregate Data

- 1. The person requesting the data will contact the CFRP by e-mail or phone to announce his/her intent to submit a request. The Arizona CFRP Manager or designee will fax or e-mail the "Public Records Request Form" (See ADM-020 Exhibit 1) and the "Arizona Child Fatality Review Program Data Request Form" (See Exhibit 3).
 - a. The Arizona CFRP Manager will ask the requestor to specify what data he/she is requesting on the form and to include his/her name, address, phone or e-mail information on the form so that the CFRP staff can contact him/her if necessary to complete the request.

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2. The researcher must complete the "Public Records Request Form" and the "Arizona Child Fatality Review Program Data Request Form" and fax or e-mail the forms to the CFRP.
3. The Arizona CFRP Manager or designee will review the request and contact the requestor when the written request is received to gather any additional information needed to fill the request.
 - a. The Arizona CFRP Manager will estimate to the requestor when the data request may be completed.
4. The CFRP staff runs the data query from the CFRP and creates summary data tables to send to the requester. The CFRP staff will include appropriate footnotes for the data query such as citing the CFR-DB as the data source, the date of the data query, and any other information specific to that data pull.
5. The Arizona CFRP Manager e-mails or faxes the completed data request to the requestor. The Arizona CFRP Manager fills out a data request cover sheet that includes the requestor's information, including the filenames and file locations of the data query. The data request cover sheet and any information related to this data request are stapled together and put in the data request file drawer. The Arizona CFRP Manager will update the Data Request Log immediately upon completion of filling the request.
6. When filling data requests, the Arizona CFRP Manager must use discretion and his/her best judgment to determine how much detailed information the CFRP can provide to the requestor. The Arizona CFRP Manager must follow the CFRP confidentiality guidelines and the small numbers policy, if appropriate set by the Bureau of Public Health Statistics. The CFRP is not permitted to give out any data that could lead to the identification of an individual child.

Responsible Position: Arizona Child Fatality Review Program Manager

D. Request for Non-Confidential Case Level Data

1. The person requesting the data will contact the CFRP by e-mail or phone to announce his/her intent to submit a request. The Arizona CFRP Manager or designee will fax or e-mail the "Public Records Request Form" (See ADM-020 Exhibit 1) and the "Arizona Child Fatality Review Program Data Request Form" (See Exhibit 3).
 - a. The Arizona CFRP Manager will ask the requestor to specify what data he/she is requesting on the form and to include his/her name, address,

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- phone or e-mail information on the form so that the CFRP staff can contact him/her if necessary to complete the request.
2. The researcher must complete the "Public Records Request Form" and the "Arizona Child Fatality Review Program Data Request Form" and fax or e-mail the forms to the CFRP.
 3. The Arizona CFRP Manager or designee will review the request and contact the requestor when the written request is received to gather any additional information needed to fill the request.
 - a. The Arizona CFRP Manager will determine if this request can be done and that it does not violate confidentiality procedures. If there are questions related to appropriateness of releasing case level data, the BWCH Injury Prevention Section Manager, the Arizona Child Fatality Review State Team Chair, and the Arizona CFRP Manager will make the final determination.
 - b. The Arizona CFRP Manager will estimate to the requestor when the data request may be completed.
 4. If an agreement is made to proceed with the release of case-level non-confidential data, the Arizona CFRP Manager will write a short memo documenting the decision to proceed. The Arizona CFRP Manager will fax or e-mail the CFR "Public-Use Data Agreement" form (See Exhibit 1) to the requestor to complete. If the request is disapproved, the Arizona CFRP Manager will notify the requestor.
 5. The CFRP staff will process the request.
 6. Upon completion of the data request, the CFRP will send the data to the requestor with the requested variables and a data dictionary. There will be delivered via one of the following ways:
 - a. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format on a CD through FedEx in an envelope marked "confidential".
 - b. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format through encrypted e-mail using Secure Messenger by following the procedures in the Secure Messenger manual provided by Information Technology Services at ADHS.
 - c. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format through encrypted secure File Transfer Protocol (FTP).

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7. The password will be sent separately via an encrypted e-mail using Secure Messenger by following the procedures described in the Secure Messenger manual provided by Information Technology Services at ADHS.
8. The CFRP will maintain all forms, etc. related to the data request. The Arizona CFRP Manager will update the Data Request Log immediately upon completion of the project.

Responsible Position: Arizona Child Fatality Review Program Manager

E. Request for Non-Confidential Public Use File for Research Purposes

1. The researcher requesting the data will contact the CFRP by e-mail or by telephone to announce his/her intent to submit a formal request. The Arizona CFRP Manager or designee will fax or email the "Public Records Request Form" (See ADM-020 Exhibit 1) and the "Arizona Child Fatality Review Program Data Request Form" (See Exhibit 3).
 - a. The researcher will be asked to specify what data he/she is requesting on the form and to include his/her name, address, phone or e-mail information on the form so that CFRP staff can contact him/her if necessary to complete the request.
2. The researcher must complete the "Public Records Request Form" and the "Arizona Child Fatality Review Program Data Request Form" and fax or e-mail the forms to the CFRP.
3. The researcher must submit a formal request protocol to the CFRP. The request should include:
 - a. A brief outline of the proposed research
 - b. A justification of the need for the Public Use File
 - c. A list of data variables necessary for the research
 - d. The preferred format of the data
 - e. Needed frequency of the data (i.e., one-time data linkage vs. a continuous data pull for a survey)
 - f. Description of how the data will be stored
 - g. A list of who will have access to the data
 - h. A description of how and when the data will be destroyed upon completion of the research project

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4. The Arizona CFRP Manager or designee will, after reviewing the request, contact the requester when the written request is received in order to gather any additional information needed to fill the request.
5. The BWCH Injury Prevention Section Manager and the Arizona CFRP Manager will meet to determine whether the use of a Public Use Data File is appropriate.
6. If an agreement is made to proceed with the release of case-level non-confidential data, the Arizona CFRP Manager will write a short memo documenting the decision to proceed. The CFR "Public Use Data Agreement" for (See Exhibit 1) will be sent to the researcher to complete. The Arizona CFRP Manager will notify the researcher if the request is disapproved.
7. The Arizona CFRP Manager or the designated BWCH staff will run the request.
 - a. The Arizona CFRP Manager or designee will estimate to the researcher when the data request may be completed.
8. Upon completion of creating the Public Use File, the CFRP will provide the researcher the data and a data dictionary. These will be delivered via one of the following ways:
 - a. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format on a CD through FedEx in an envelope marked "confidential".
 - b. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format through encrypted e-mail using Secure Messenger by following the procedures in the Secure Messenger manual provided by Information Technology Services at ADHS.
 - c. The requested variables in a password-protected ASCII fixed field length data file or agreed upon format through encrypted secure File Transfer Protocol (FTP).
9. The password will be sent separately via an encrypted e-mail using Secure Messenger by following the procedures described in the Secure Messenger manual provided by Information Technology Services at ADHS.
10. The CFRP will maintain all forms, etc. related to the data request. The Arizona CFRP Manager will update the Data Request Log immediately upon completion of the project.

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Responsible Position: Arizona Child Fatality Review Program Manager

F. Request for Confidential and Non-Confidential Case Level Data by ADHS Staff

1. To submit a formal request for non-confidential patient data, the ADHS staff member must fill out an Internal Data Request Form (See Exhibit 2) and send it to the Arizona CFRP Manager. The request should include:
 - a. The preferred format of the data, the frequency that they need this data (i.e., one-time data linkage vs. a continuous data pull for a survey) needs to be stated on the form
 - b. A brief outline of the proposed use of the data
 - c. A justification of the need for case-level data
 - d. A list of data variables requested
2. The request will be reviewed by the BWCH Injury Prevention Section Manager and the Arizona CFRP Manager.
3. If the request is approved, the Arizona CFRP Manager or designee runs the data query from the CFRP and exports all records meeting the requestor's criteria with requested data fields into an ASCII fixed field length text file or agreed upon format.
4. The data is sent to the internal staff by either intranet e-mail or a CD.
5. If the request is rejected, the Arizona CFRP Manager e-mails the requestor stating the reason(s) for request rejection and indicates changes needed in the request for it to be approved.
6. The CFRP maintains all forms, etc. related to the data request. The Arizona CFRP Manager will update the Data Request Log immediately upon completion of the project.

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Responsible Position: Arizona Child Fatality Review Program Manager

The Division of Primary Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.

Attachments:

- ADM-020 Exhibit 1: Public Records Request Form
- Exhibit 1: ADHS AZ CFR Public-Use Data Agreement
- Exhibit 2: ADHS AZ CFR Internal Data Request Form
- Exhibit 3: ADHS AZ CFR Data Request Form
- Exhibit 4: ADHS CFR Confidentiality Statement

Approved: 	Date: <u>2-1-11</u>
Sheila Sjolander, Bureau Chief	
The Primary Position of Responsibility for this policy is the Bureau of Women's and Children's Health. Users are encouraged to suggest improvements regarding this policy and procedure.	

Approved: 	Date: <u>2-11-11</u>
Jeanette Shea, Assistant Director	
The Secondary Position of Responsibility for this policy is the Assistant Director of Public Health Prevention Services. Users are encouraged to suggest improvements regarding this policy and procedure.	



**Arizona Department of Health Services
Arizona Child Fatality Review Data – Research/Data Request
Public-Use Data Agreement**

It is of utmost importance to protect the privacy of patients that have been reported to the Arizona Child Fatality Review Program (CFRP). Every effort has been made to ensure the confidentiality of the CFRP case records via exclusion of identifying information from the computer files. Certain demographic information such as sex, race, etc. has been included for research purposes. Published research results **MUST** be presented in a manner which ensures that no individual can be identified. Users shall not attempt to identify individuals from any computer file nor shall they link with a computer file containing patient identifiers. This is a request for CFR Data. All Identifying information will be kept confidential in accordance with A.R.S. §36-3503.

In order for the CFRP to provide a public-use or another version of data to you, it is necessary that you agree to the following provisions:

1. You will not use nor permit others to use the data in any way other than those identified in the request form which stated the purpose and intended use.
2. You will not present/publish data in which an individual can be identified.
3. You will not attempt to link nor permit others to link the data with individually identified records in another database.
4. You will not attempt to learn the identity of any child whose CFR data is contained in the supplied file(s).
5. If the identity of any child is discovered inadvertently, then the following should be done;
 - a) no use will be made of this knowledge,
 - b) the Arizona Child Fatality Review Program Manager will be notified of the incident,
 - c) no one else will be informed of the discovered identity.
6. You will not release nor permit others to release the data in full or in part to any person except with the written approval from the Arizona CFRP.
7. If accessing the data from a centralized location on a time-sharing computer system, LAN, or another statistical package, you will not share your logon name and password with any other individuals. You will also not allow any other individuals to use your computer account after you have logged on with your logon name and password.
8. The source of information should be cited in all publications in the following format: "Source: Arizona Child Fatality Review Program, YYYY". ("YYYY" = 4-digit year of the data or range of years for multiple years.)

My signature indicates that I agree to comply with the above stated provisions.

Signature

CFRP Use Only
Name: _____
Request Type: _____

Date

**Please fax this signed and dated agreement to:
The Arizona Child Fatality Review Program, 602-364-1496**



**Arizona Department of Health Services
Arizona Child Fatality Review Data
Internal Data Request Form**

This is a request for electronic data. All identifying information will be kept confidential in accordance with A.R.S. §36-3503. Publications using these data will be discussed with the program prior to submission.

Date of Request:	
Requesting Program/Office	
Contact Person: Telephone: E-mail:	
Date Needed By:	
Will this be a continuing request for data? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please send updated version every:	
This data will be destroyed or returned by:	
If destroying the data, what procedure are you using?	

Explain what data are needed (Attach sheet if needed):

Need all Identifiers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Need data dictionary?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Format Preference (select one): DBF MS Access MS Excel ASCII Other: _____
Explain the purpose for using the data (Attach sheet if needed):

I agree that all data provided will be used solely by the requesting program for the purpose requested and will not be shared. I certify that all data will be destroyed or returned by the date listed above.

Signature _____ **Date**

To be completed by Arizona Child Fatality Review Program:

Date request received:	
Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, reason for disapproval:
Signature of BWCH CFR Program Manager and Date:	
Signature of BWCH Injury Prevention and Child Fatality Review Section Manager and Date:	
BWCH Bureau Chief Signature and Date:	

*****Please send a signed copy back to requesting contact person.



**ARIZONA DEPARTMENT OF HEALTH SERVICES
ARIZONA CHILD FATALITY REVIEW DATA REQUEST FORM**

Mail or fax completed form attention to: Arizona Department of Health Services
 Bureau of Women's and Children's Health Phone: (602) 364-1400
 Attn: CFR Program Manager Fax: (602) 364-1496
 150 N. 18th Avenue, Suite320
 Phoenix, AZ 85007

Date of request:	Date report needed by:
REQUESTOR'S INFORMATION	
Requestor's Name:	Title:
Requesting Agency:	Phone:
Address:	Fax:
	Email:
TYPE OF INFORMATION REQUESTED	
Data Elements/Report Requested (Please list all CFR data elements being requested):	
Date Range Requested	
Preferred Method of Receipt: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email/Electronic	
Purpose of Data Request (<i>attach additional pages as needed</i>):	
Intended Use of Report (<i>attach additional pages as needed</i>):	
Signature of Requestor:	
For CFR Program Staff Use Only:	
Date request received:	Report prepared by:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, reason for disapproval:	
BWCH Child Fatality Review Program Manager signature:	
BWCH Injury Prevention and Child Fatality Review Section Manager signature (special report only):	
Date report sent:	Child Fatality Review Program Staff signature:
<p>Data may be used only for purposes stated in this request. Any changes in planned use of data must be re-submitted for ADHS approval. Arizona Child Fatality Review data is confidential pursuant to ARS §36-3503. Data analysis is limited to the accuracy of data submitted and the thoroughness of fatality case investigations by local jurisdictions. These statistics are generated from cases meeting criteria for inclusion in the database. For further information, please contact the CFR Program.</p>	

**CONFIDENTIALITY STATEMENT
CHILD FATALITY STATE, LOCAL REVIEW TEAMS AND RESEARCHERS**

I, _____, agree to abide by Arizona Revised Statute (ARS) 36-3503 and the intent of Arizona Department of Health Services Rules R9-19-409, R9-19-410 and R9-19-411 to protect the confidentiality of the records, the privacy of the person(s) named therein and the privacy of the family of said person(s).

ARS 36-3503, concerning the duties of the Child Fatality Review Team states:

All information and records acquired by the State Team or any state sanctioned Local Team are confidential and not subject to subpoena, discovery or introduction into evidence in any civil or criminal proceedings, except that information, documents and records otherwise available from other sources are not immune from subpoena, discovery or introduction into evidence through those sources solely because they were presented to or reviewed by a team.

Members of a team, persons attending a team meeting and persons who present information to a team may not be questioned in any civil or criminal proceeding regarding information presented in or opinions formed as a result of a meeting. Nothing in this subsection shall be construed to prevent a person from testifying to information obtained independently of the team or which is public information.

A member of the state or local Child Fatality Review Team shall not contact, interview or obtain information by request or subpoena from a member of a deceased child's family, except that a member of the State Team or a Local Team who is otherwise a public officer or employee may contact, interview or obtain information from a family member if necessary, as part of the public officer's or employee's other official duties.

A person who violates the confidentiality provisions of this section is guilty of a Class 2 Misdemeanor.

I understand the above and agree to maintain the confidentiality of certificates, records and other data. Additionally, I understand that no materials will be taken from the meetings with name(s) or other identifying information.

PRINTED NAME _____

SIGNATURE _____

DATE _____

WITNESS _____

DATE _____



Public Records Request Form

Date of Request:

To be Completed by ADHS Employee Processing Request

Employee Processing Request:	
Name:	Phone Number:
ADHS Division/Bureau/Office or Program Providing Records:	

To be Completed by Requesting Party

Individual Requesting:	If applicable, name of agency, company, department, etc. requesting records:
Records requested to be copied or reproduced (specifically identify):	
These records are to be used for the following purpose(s):	
Will the records be used for commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of Requesting Party (Sign in the presence of a Notary if the records will be used for commercial purposes.)

Date

To be Completed by a Notary if Records will be used for Commercial Purposes

I, _____, do hereby certify that _____
(name of notary) (name of requesting party)

personally appeared before me and affirmed the contents of the above request. In witness whereof, I have signed and affixed my official seal this ____ day of _____, ____.

Signature
Notary Public in and for the County of _____, State of _____.

My commission expires on the ____ day of _____, ____.

To be Completed by ADHS Employee Processing Request

Estimated net monetary gain expected from the use of these records will be as follows (if applicable):	\$
Cost to the State for obtaining the original document or information contained in the document:	\$
Value of reproduction on the commercial market, if known, or an estimated value, if not known:	\$
In the program's opinion, is the proposed purpose a misuse of the record or abuse of the right to receive the record? If so explain below:	