



# How to Use the ADHS Data Request Submission Form

The purpose of this form is to help your data request get to the appropriate program within ADHS so that they can address it in a timely manner. This will help ADHS to understand the volume and frequency of data requests that we receive, provide assistance for those who are not familiar with how to request data, and will ultimately help to turn public health data into action.

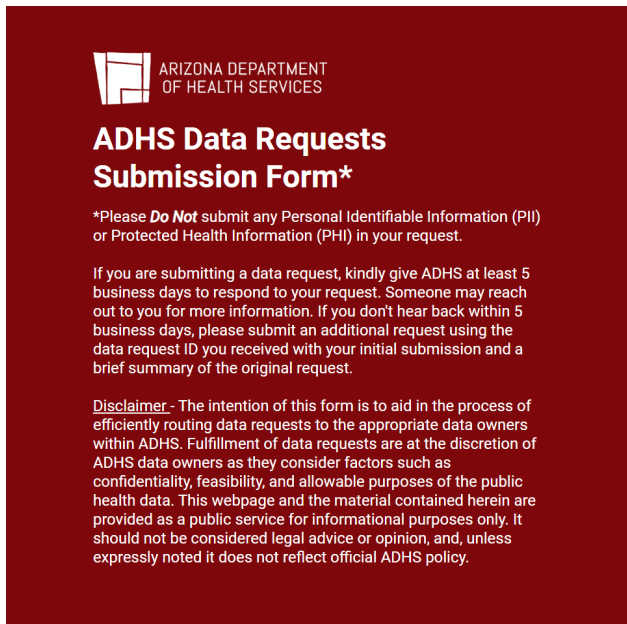
Please note, the Form will populate new fields depending on your selections in previous fields. You must complete all fields marked with a red asterisk (\*) before moving on to the next section.

The Form has this flow:

- **Specify if this is a New or a Follow-up Request**
- **Confirm whether you can find what you need in our Publicly Available Resources**
- **Provide Your Contact Information**
- **Describe your Data Request**
- **Optional Feedback**

## Specify if this is a New or a Follow-up Request

We hope to respond to all requests within 5 business days, but if for some reason you have not yet received a response, please indicate here that this is a **Follow-up Request**. Otherwise, just select **New Request** to begin your submission.



ARIZONA DEPARTMENT OF HEALTH SERVICES

### ADHS Data Requests Submission Form\*

\*Please **Do Not** submit any Personal Identifiable Information (PII) or Protected Health Information (PHI) in your request.

If you are submitting a data request, kindly give ADHS at least 5 business days to respond to your request. Someone may reach out to you for more information. If you don't hear back within 5 business days, please submit an additional request using the data request ID you received with your initial submission and a brief summary of the original request.

**Disclaimer** - The intention of this form is to aid in the process of efficiently routing data requests to the appropriate data owners within ADHS. Fulfillment of data requests are at the discretion of ADHS data owners as they consider factors such as confidentiality, feasibility, and allowable purposes of the public health data. This webpage and the material contained herein are provided as a public service for informational purposes only. It should not be considered legal advice or opinion, and, unless expressly noted it does not reflect official ADHS policy.

Are you submitting a new data request or following up on a previously submitted request? \*

Select

New Request

Following up on a prior submitted request

first, and indicate if you found what you were looking for.

Link to Publicly Available Data Resources - [Data Assets](#)

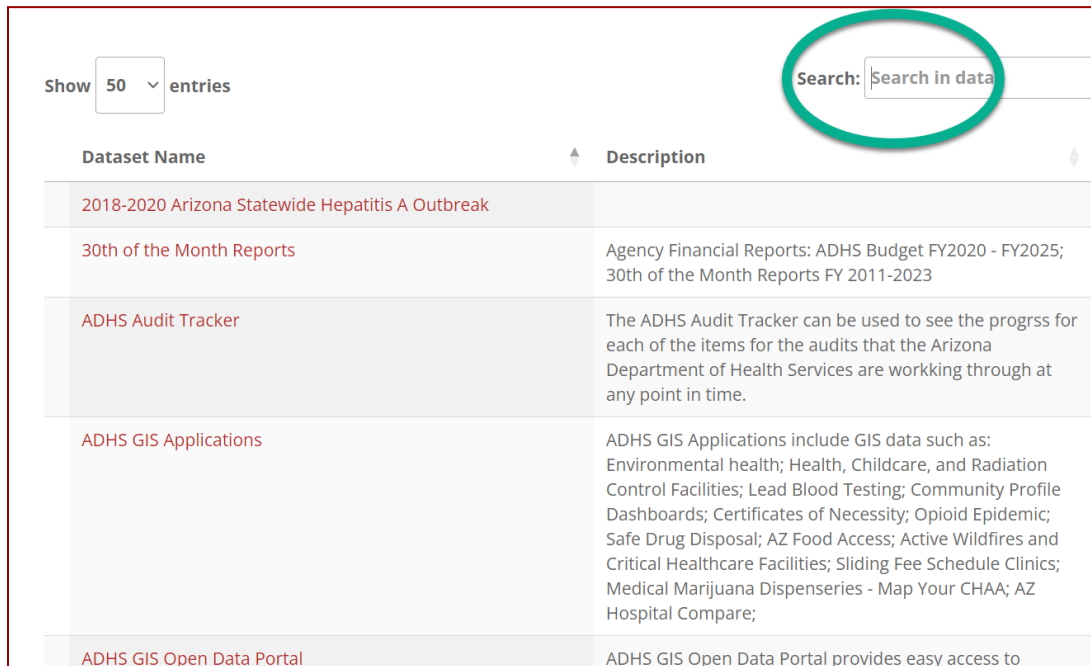
Submit

[Privacy Notice](#) | [Report Abuse](#)

This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply.

## Confirm whether you can find what you need in our Publicly Available Resources

ADHS publishes many aggregated datasets and data reports on our webpage. If you suspect the data that you are interested in might be already included in one of those online resources, try typing in a keyword into the search bar or scrolling down the list of Datasets that we've cataloged in this table.



Search:

Dataset Name	Description
2018-2020 Arizona Statewide Hepatitis A Outbreak	
30th of the Month Reports	Agency Financial Reports: ADHS Budget FY2020 - FY2025; 30th of the Month Reports FY 2011-2023
ADHS Audit Tracker	The ADHS Audit Tracker can be used to see the progress for each of the items for the audits that the Arizona Department of Health Services are working through at any point in time.
ADHS GIS Applications	ADHS GIS Applications include GIS data such as: Environmental health; Health, Childcare, and Radiation Control Facilities; Lead Blood Testing; Community Profile Dashboards; Certificates of Necessity; Opioid Epidemic; Safe Drug Disposal; AZ Food Access; Active Wildfires and Critical Healthcare Facilities; Sliding Fee Schedule Clinics; Medical Marijuana Dispenseries - Map Your CHAA; AZ Hospital Compare;
ADHS GIS Open Data Portal	ADHS GIS Open Data Portal provides easy access to

## Provide Your Contact Information

Entering your contact information will allow for a copy of the data request to be sent to your email. Each form submission that is emailed to you will have a unique identifier that can be used for follow up. Additionally, a copy of the form submission questions and responses will be included in the email.

When indicating which entity description applies best to you, new questions will populate on the form that are relevant to that entity. This helps us understand the context of your request and other pertinent information (e.g., whether you already have a data sharing agreement with ADHS, whether you are working on a research project, etc.)

## Describe your Data Request

Including some details will help us to better understand where to send your request within the agency. This is also where you can indicate the urgency of your request, the other stakeholders that you are working



with, or any additional questions you have about the data that might affect your request. This information will be sent to the subject matter expert of that data at ADHS to help them respond appropriately to your request based on the details you provide.

## **Optional Feedback**

Please share any suggestions of how to improve this form or the data request process at ADHS in general. We appreciate your insight into how we can better connect you with the public health data you need.