

2020 Data User Agreement for Local Health Department Access to Ohio Blood Lead Testing Data
Ohio Department of Health: Ohio Healthy Homes and Lead Poisoning Prevention Program (OHHLPPP)

A. Must be completed by the person requesting access to the Ohio Public Health Information Warehouse Lead Testing Data.

Every individual authorized to access the lead testing data holds a position of trust relative to this information and must recognize the responsibilities entrusted to her/him in preserving security and confidentiality of this information. Lead testing data, including information that could be used to identify an individual and his or her health status, is considered confidential information. Confidentiality requirements that apply to these data include, but are not limited to, Ohio Revised Code Section 3701.17. City or county regulations or ordinances or other laws may place additional restrictions on data use and release. The inappropriate actions of an authorized user of these data may threaten the security and confidentiality of this information. Persons provided access to these data shall know, understand, and adhere to the following requirements:

1. I will only use these data for public health purposes.
2. I will not release or allow access to these data, in full or in part, to any person(s).
3. I will continue to use the Healthy Housing and Lead Poisoning Surveillance System (HHLPPS) for all case management and investigation activities. This warehouse is designed for surveillance and statistical purposes, and is not meant to replace HHLPPS as the basis for any interaction with patients.
4. I will not present or publish these data in a manner in which any individual can be identified. I will adhere to ODH's Disclosure Limitation Standard (<https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/resources/disclosure-limitation-standard>). I will not present or publish point maps showing residences of lead tests or cases.
5. I will include the following acknowledgment and disclaimer in any report, publication or presentation that uses these data: "These data were provided by the Ohio Department of Health, through the Ohio Public Health Information Warehouse. The Department specifically disclaims responsibility for any analyses, interpretations, or conclusions from these data."
6. I will send a copy of any report, publication or presentation that uses these data to OHHLPPP at the time of release.
7. I will report any violations of this data user agreement (DUA) to my Health Commissioner and OHHLPPP immediately.
8. I understand that authorization for access to these lead data terminates when my employment is terminated or when access to the data is not required for my work-related responsibilities.
9. I understand that this DUA and my access to lead data terminate on December 31, 2020. Should I continue to need access to these data after December 31, 2020, I will submit a new DUA to OHHLPPP.

I have read and will comply with the above requirements. I request access to data for:

Year(s) of Blood Lead Tests: _____ (Available Range: 2005 – Present)

Age at Time of Test: _____ (Available Range: 0-15 Years Old)

Location: _____ (Available by City of Residence, County of Residence, or Health Jurisdiction)

Signature _____ Print Name _____ Date _____

Telephone Number _____ Email Address _____

B. Must be completed by the Health Commissioner for the Local Health Department/District for which lead data are being requested.

The person requesting access to lead testing data is either employed by, contracted by, or otherwise performing work at the request of this health department/district and needs to access lead testing data to perform her/his work. I understand that this person is responsible for following the above guidelines for assuring proper access and use of these data. I will notify OHHLPPP immediately if this person is no longer employed at this health department/district or no longer needs access to these data for any work-related responsibilities.

Signature _____ Print Name _____ Date _____

Telephone Number _____ Email Address _____

Health Department/District _____

Return this data user agreement to the Ohio Department of Health:

By mail: Ohio Healthy Homes and Lead Poisoning Prevention Program, Ohio Department of Health, 35 E. Chestnut Street, 7th Floor, Columbus, OH 43215

Or by email: lead@odh.ohio.gov.

Please contact OHHLPPP with questions at (877) 532-3723 or lead@odh.ohio.gov.

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