



# Partnership Annual County Data/Info Sharing: Request for Data

This form is for a local health jurisdiction (LHJ) to request data from Partnership HealthPlan of California. **Note:** For any data-related support, please visit Partnership's [Epidemiology Collaboration](#) webpage.

Please fill out all fields. When complete, send to [epidemiology@partnershiphp.org](mailto:epidemiology@partnershiphp.org).

Date of request: \_\_\_\_\_  
County: \_\_\_\_\_  
Requester first name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Requester title: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Urgency of request:  Routine  Urgent (describe urgency):

Type of request: \_\_\_\_\_  
If you chose "Other," please describe:

Brief description of requested data:

Describe how data will be used by county:

What question does the county hope to answer with the data?

Describe other possible data sources available for this purpose/data/report and the feasibility of these other sources:

(Continued on next page)



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If an element below does not apply, please write "N/A" or provide an explanation in the space provided.

Description of the denominator:

Inclusions for denominator:

Exclusion for denominator:

Description of numerator:

Output fields requested:

Time range of data: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Time frame of output: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Calculated output fields:

Groups or order of output fields:

Is personalized health information (PHI) required in the output?  Yes  No If yes, explain why:

**Note:** County health officer or public health director must review this request and sign below before the LHJ submits the request to Partnership. By signing below, county health officer or public health director acknowledges the county's responsibility to use requested Partnership data solely for the reasons stated above.

Public Health Officer/Director name (printed): \_\_\_\_\_

Public Health Officer/Director email address: \_\_\_\_\_

Public Health Officer/Director signature: \_\_\_\_\_

Date: \_\_\_\_\_

