



Commonwealth Healthcare Corporation
Commonwealth of the Northern Mariana Islands
 1 Lower Navy Hill Road, Navy Hill, Saipan, MP 96950



DATA REQUEST FORM

POLICY: All data requests will be sent to Health & Vital Statistics Office (HVSO), ten (10) days in advance. **Note that the date desired will not necessarily be adhered to by CHCC but will serve as a guide for prioritization.** The Registrar will coordinate, collaborate, screen and assign data requests to key personnel in the Commonwealth Healthcare Corporation.

REQUESTOR INFORMATION:

CHCC Staff Yes No If Yes, Program _____

Full Name of Requester _____

Name of Organization _____

Mailing Address _____

Telephone / Fax No. _____ E-mail address _____

ABOUT THE INFORMATION YOU WANT TO REQUEST *(Please describe in detail the information you are requesting for)*

PURPOSE FOR OBTAINING INFORMATION:

Please indicate from the choices below the category(ies) which best describes your need for CHCC data (check all that apply):

- Federal grant application
- CNMI grant application
- Private/nonprofit application
- Community report/presentation
- Analysis
- Link with other dataset(s)
- Other: _____

Will your use of CHCC data will result in use of these data for non-CHCC use such as a publication, report, a presentation, secondary analysis? Yes No

If yes, do you agree to provide CHCC with a draft to review before publication?

If yes, do you agreed to include a citation to CHCC identifying the source of these data?

DATE OF REQUEST: _____ **DATE DESIRED FOR COMPLETED REQUEST:** _____

FOR CHCC USE ONLY

| | | | |
|------------------|----------------|-----------------|--------------------------------|
| Data Request No: | Date received: | Date completed: | Date reviewed by Data Council: |
|------------------|----------------|-----------------|--------------------------------|

SPECIAL REMARKS:

Signature of Division/Bureau Official: _____ Date: _____

Signature of Chief Operations Office: _____ Date: _____

APPROVED **NOT APPROVED**

 Esther L. Muna
 Chief Executive Officer

 Date



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INSTRUCTION SHEET

As the state health agency and sole hospital, CHCC maintains a large repository of health data. CHCC recognizes that these data can be of value to CHCC staff and external partners to support many data-driven efforts such as program evaluation, research, data visualization.

In order to protect the use of these data, the CHCC Data Council kindly requests completion of this form which will provide the council with actionable information to assess your request.

All data provided will be De-identified with no personal identifying information (PII).

Steps

1. Requestor completes the request form
2. Form information is sent to Data Council members and recorded in CHCC Data Request log
3. Data Council reviews request and provides feedback or decision to Council Chair
4. Council shares feedback with requestor
5. Request is marked complete pending final product from requestor
6. Data council summarizes data requests in monthly CEO report