

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
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Use the Tab Key to go from one field to the next

Maine Department of Health and Human Services
Data, Research, and Vital Records

Application for Release of Restricted Vital Statistics And Personal Identifier Data

Title of Study or Program:

1. Principal Investigator or Program Director:

Name _____
Title _____
Organization _____
Address _____

2. Contact person:

Name _____
Telephone No. _____ FAX No. _____
E-Mail _____

3. Purpose of study or program, including statutory authority, if applicable:

4. Type of records requested:

___ deaths
___ births
___ fetal deaths
___ cancer registry
___ other - specify: _____

5. Form of records requested:

___ photocopies - certified
___ photocopies - non-certified
___ computer listing
___ computer file (Specify EXCEL, ASCII, ACCESS, etc.) _____
___ other - specify: _____

6. Will you supply identifying information to be used to select the records of interest?

Yes No

If yes, what information?

If not, how is the general group of records you are requesting to be selected?

7. Approximate number of records requested: _____

8. If your request calls for the release of data on an ongoing basis, how often will you need the data supplied; and over how long a period of time?

9. Is this request based on information received from the National Death Index (NDI)?

Yes No

It is preferred that requests based on NDI searches be submitted using the NDI Death Certificate Request Form, accompanied by the cover page and page 3 of the NDI Application Form. A full copy of the NDI Application Form may be attached to this request in lieu of responses to questions 10 and 11 below.

10. Summary of study/program protocol. Please be as succinct as possible; your complete study protocol or program and detailed descriptions of your project and background are not necessary.

- a. Description of health or medical problem addressed or administrative purpose served by the program, demonstrating that data requested are essential, and stating primary study or program objectives and hypotheses to be tested, if applicable.

g. Procedures and timetable for disposition of any restricted data received.

11. Attach copy of *Confidentiality Agreement*, signed by the Principal Investigator, Program Director, or other individual responsible for conformance to standards for release of restricted data. The *Confidentiality Agreement* is incorporated into this application and any approval thereof.

*****For State Use Only*****

\$_____ Estimate

Contact Person at DRVS for this request: _____

Date reviewed: _____

Approved: _____ Yes _____ No

Continuing request? _____

By: _____
State Registrar

Approval valid until _____

**MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTER FOR DISEASE CONTROL AND PREVENTION
DATA, RESEARCH, AND VITAL STATISTICS**

Confidentiality Agreement

As the official or principal investigator of the program or research study named on this application, which involves the use of restricted vital statistics or personal identifying data, I agree to abide by the provisions of M.R.S.A. Title 22, Sec. 2706 and 10-146 CMR chapter 4 regarding release of restricted vital statistics data. I will take all steps necessary to ensure that all those involved with the specified program or research project also abide by the provisions of this Confidentiality Agreement, and that the data received are not used for any purpose other than that specified in the Application for Release of Restricted Vital Statistics And Personal Identifier Data.

I also agree to the following:

- I will destroy data with personal identifiable information received from DRVS after the research project or program concludes or this agreement has expired. Final disposition of restricted and identifiable data will be made in a manner that will not permit unauthorized disclosure. This provision survives termination or expiration of this agreement, and the associated application.
- Restricted or identifying data are essential for the agency to conduct its official duties or for the conduct of the research.
- This application for release of restricted vital statistics and personal identifier data requests the fewest number of data items absolutely necessary for successful operation of the project.
- Contact with individuals on the basis of information from DRVS data, if intended, is required for the administrative purposes specified in the application.
- Linkages with other data bases, if planned, are essential for the administrative purposes specified in the application and will not lead to unauthorized disclosure of restricted data.
- Restricted data will not be further disclosed or used for purposes or studies other than those for which they were requested in this application.
- Adequate procedures are in place to secure restricted data from unauthorized access or use for purposes other than those for which they were requested; secured when not in use and accessed only by authorized individuals for the purposes stated in the application.
- Some items of the data requested in this application is considered restricted under Maine law and must be protected
 - All individually identifiable birth record data is considered confidential.
 - Death data that is not confidential includes name of decedent, date of death, place of death and age of decedent. All other death data is considered confidential.
- I understand that Maine Centers for Disease Control and Prevention, Data, Research, and Vital Statistics is the sole owner of the data released to me.
- Any person who willfully provides false information in connection with restricted vital statistics data is subject to criminal penalties as specified in MRSA, Title 22 section 2708(2).
- I shall report in writing to the DRVS any unauthorized use or accidental dissemination of confidential information within 24 hours of notice or knowledge of the unauthorized use of dissemination.

This agreement of non-disclosure applies to all forms of personal communication, as well as to published results, presentations and reports.

The undersigned is authorized to execute this agreement.

Principal Investigator, Program Director, or Other Responsible Individual:

Signature: _____ Date: _____

Printed Name and Title: _____

Organization: _____

Title of Program or Study: _____

DATA, RESEARCH, AND VITAL STATISTICS

FEES FOR RELEASE OF RESTRICTED VITAL STATISTICS DATA

VITAL RECORDS CERTIFICATES

\$15.00 – Record search and certified copy of record.

\$10.00 – Record search and non-certified copy of record.

The fees are for each search conducted whether or not the record is located, regardless of whether or not the presumed record number is provided by the requestor. The applicable fees must be paid in advance with a check made payable to: Treasurer, State of Maine.

DATA FILES

Standard data files may be purchased at a rate of \$100 per data year. Other requests will be billed according to the amount of staff time required (\$32 per hour). The requestor will be notified of the estimated cost of the desired product; agreement for payment must be secured prior to preparation of the information requested. A bill will be sent with the product.

If the request is from a state agency outside of the Department of Health and Human Services, the account and activity numbers must be provided so that the charges can be made.

Written authorization of the requestor is required for job estimates over \$500. Any revisions to the original request which result in increasing the estimate will require another written authorization.