

Data User Agreement for Researcher 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 DataOhio Portal 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. 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 the purposes outlined in the protocol submitted to, and approved by, the Ohio Department of Health Institutional Review Board (ODH IRB).
2. I will not release or allow access to these data, in full or in part, to any other person(s).
3. I will not attempt to contact any individuals from these data unless it is a part of the protocol submitted to, and approved by, the ODH IRB.
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/cases.
5. I will include the following acknowledgement and disclaimer in any report, publication or presentation that uses these data: "These data were provided by the Ohio Department of Health (ODH), through the DataOhio Portal. 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 the Principal Investigator and OHHLPPP immediately.
8. I understand that authorization for access to lead testing 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 is contingent upon ODH IRB approval and my access to these data is in accordance with the dates for which ODH IRB approval is in effect.

I have read and will comply with the above requirements.

Signature _____ Print Name _____ Date _____
Title _____
Facility/Institution _____
Telephone Number _____ Email Address _____

B. Must be completed by the Principal Investigator for the project for which lead testing data are being requested.

The person requesting access to these data is either employed by, contracted by, or otherwise performing work at my request 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 Facility/Institution or no longer needs access to lead testing data for any work-related responsibilities.

Signature _____ Print Name _____ Date _____
Title _____
Facility/Institution _____
Telephone Number _____ Email Address _____

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, 246 N High St, 3rd 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.

For ODH Use Only:

IRB Protocol Number: _____ IRB Approval Date _____