



LEE HARRIS
MAYOR

SHELBY COUNTY HEALTH DEPARTMENT

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DIRECTOR

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Public Health
Prevent. Promote. Protect.

REQUEST FOR AGGREGATE DATA

Date _____

Name: _____ Title: _____

E-mail address: _____

Daytime Phone # _____ Fax # _____

Organization Name: _____

- Type:**
- | | |
|---|---|
| <input type="checkbox"/> Academic research | <input type="checkbox"/> Non-Academic policy research |
| <input type="checkbox"/> Government – Federal | <input type="checkbox"/> Government – State: _____ |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Government – County: _____ |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Health Plan |
| <input type="checkbox"/> Media* | <input type="checkbox"/> Other _____ |

***Note to Media:** All requests from the media must go through the Shelby County Health Department Public Information Officer (PIO). Please contact the PIO at 901-222-9000 for further information. You will need to complete this form and submit it through the PIO.

DATA REQUEST DETAILS

1. What question(s) do you need answered?
2. What year(s) do you need information for?
3. Do you need this data stratified by demographic information (ex. Gender, age groups, race/ethnicity)?
4. How will this data be used (ex. Grant application, report, presentation etc.), and who is your audience?

Mission

To promote, protect and improve the health and environment of all Shelby County residents.

814 Jefferson Avenue ♦ Memphis, TN 38105 ♦ 901 222-9000 ♦ www.shelbytnhealth.com

5. What format would you like to receive the analysis results (PDF, Excel)?

TERMS AND CONDITIONS OF USE

By signing below, I acknowledge to comply with the following requirements:

- 1) I agree not to sell, assign, release or otherwise transfer the files, or any portion thereof.
- 2) I acknowledge that the supplied data, or information derived there from, is provided "as is" without warranty of any kind, either express or implied, including, but not limited to, the implied warranties of merchantability, fitness for a particular purpose, or non-infringement of intellectual property. The Shelby County government makes no representations or warranties about the accuracy, reliability, completeness or timeliness of the supplied data or product. In no event shall the County be held liable for damages arising from errors, omissions, or use of this information.
- 3) I acknowledge that the Shelby County Health Department assumes no responsibility for conclusions drawn from any analysis of the data that is provided to the applicant and if I use the information provided I agree to issue a disclaimer crediting any analyses, interpretation, or conclusions reached to the authors and not the Epidemiology Unit or Shelby County Health Department.
- 4) I acknowledge, in all reports or presentations based on these data, the original source of the data and the Shelby County Health Department Epidemiology Program.

Signature

Date

Please allow for a minimum turnaround time of 2 weeks. Time needed may vary depending on the nature and complexity of the request. Protection of the confidentiality of the clients contained in data is a foremost consideration, as outlined in the Shelby County Health Department Policy for Release of Aggregated Data.

FOR ALL REQUESTS EXCEPT MEDIA REQUESTS:

Submit request to: Shelby County Health Department, Epidemiology Section
E-Mail: Epidemiology.Section@shelbycountyttn.gov
Phone: (901) 222-9243
Fax: (901) 222-7991

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