

Attachment A

Acknowledgment: Request for Death Certificate Records by Researchers

In order for the Illinois Department of Public Health (Department) to provide death certificate records to researchers for the purposes of research, the Department requires compliance with all provisions of the Illinois Vital Records Act, and applicable state and federal regulations. The Department recognizes that careful consideration must be given to each request in achieving the proper balance between protections of data, with the need for the use of data for healthcare research. This acknowledgment is to formalize your responsibilities when using the Vital Records death certificate records for your research project. The acknowledgement also describes the privacy and confidentiality protections, and data security measures that require your compliance.

The Department is providing death certificate records (“Data”) to _____, (hereinafter, “User”) under the following conditions:

1. User agrees that no attempt will be made to release these records to any third party, to be published, or otherwise be made public.
2. The User shall notify the Department immediately when the User receives a Freedom of Information Act Request (if applicable to User or User’s institution), subpoena or court order related to the Data provided pursuant to this Agreement. The Department shall determine whether the Data sought contains identifiable or confidential information, and whether it shall be released.
3. User shall not release or permit others to release any information based on the death certificates that identifies individuals, either directly or indirectly.
4. User, and anyone under his/her supervision shall use appropriate safeguards and security measures to prevent the use or disclosure of the information other than those expressly permitted by the Department. User agrees that those acting under User’s supervision shall have access to Data limited to the level required to accomplish the work.
5. User acknowledges that information provided by the Department is the sole property of the Department and shall not be copied or reproduced in any manner without the written permission of the Department.
6. User agrees that at the conclusion of User’s research project, to destroy the Data. The User agrees to file a certificate of destruction with the Department.
7. User agrees that the terms of usage of the information is strictly under the condition that the information is not sold, assigned, or transferred in any manner, and that any actual or attempted sale, assignment, or transfer without the permission of the Department shall subject the User to available remedies by the Department under State and Federal laws. User shall not provide the Data to a subcontractor, without the Department’s permission.
8. User shall immediately notify the Department of any breach in safeguards, security or confidentiality with respect to the Data.

I have read the foregoing requirements, and agree to abide by them.

Signature of Principal Researcher

Printed Name

Date

Institution name and address: