



**FLORIDA DEPARTMENT OF HEALTH  
BUREAU OF EPIDEMIOLOGY  
CHRONIC DISEASE EPIDEMIOLOGY SURVEILLANCE AND EVALUATION SECTION  
DATA SHARING AGREEMENT**

Name: _____
Organization: _____
Organizational Title: _____
Phone: _____ Email Address: _____
Address: _____
City, State, Zip: _____
Data Requested (please specify years of data): _____ _____
Date Requested By: _____
Project Title*: _____

*\*Please fill out the attached project description form.*

I understand and acknowledge that:

- The Florida Department of Health (FDOH) Bureau of Epidemiology (BOE) is the owner of the data. Data obtained pursuant to this agreement remains the property of FDOH BOE.
- The data are provided to me for the exclusive purposes of the project described and may not be used for any other purposes without the explicit written approval, in advance, of FDOH BOE.
- Data obtained from this request will not be released to anyone or any other institution in whole or in part, in any format whatsoever without the prior written consent of FDOH BOE.
- All oral or written presentations of the results of the analyses will be submitted to the FDOH BOE for review at least two weeks prior to the presentation or submission of the presentation to a journal.
- When my project is complete, I will either delete all relevant data files, and will confirm in writing that the data and all copies have been destroyed, or I will return all relevant data files to FDOH BOE.

I have read and agree to the terms and conditions of this data release agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

