

**Kansas Division of Health Care Finance**

**Restricted Use Data Request Form**

Please complete the following form when requesting restricted-use data from the Kansas Division of Health Care Finance (use additional sheets if necessary).

Name Organization

Address

Phone Email Address

**IMPORTANT! Please include your Federal Tax ID:**

1. Brief description of the project or study proposed:

2. Purpose of the project or study:

3. What type of data you would like to obtain: (See next page for complete list of available categories.)

4. Provide a brief description of the level of detail of the data requested:

5. Format and method of delivery requested:

Hard Copy (paper, mailed)  CD  Faxed  Emailed Comma Delimited  Excel  Other (Specify)

6. Has this project or study protocol been approved by and internal review board? Yes  No

7. Description of the data security procedures you or your organization will follow, complete with who has responsibility for security of the data:

8. Who will have access to the data?

9. If the data are to be released, how?

**REQUIREMENTS FOR USE OF DATA: Kansas requires a detailed narrative describing the results of the analysis done on data provided. Please send the narrative to KDHE at** [**KDHEDataRequests@kdheks.gov**](mailto:KDHEDataRequests@kdheks.gov)**.**

**Kansas State Board of Healing Arts Kansas State Board of Nursing**

MDs Licensed Practical Nurses (LPN)

DOs Registered Nurses (RN)

Physician Assistants Licensed Mental Health Technicians (LMHT)

Chiropractors Advanced Practice Registered Nurses (APRN)

Podiatrists Registered Nurse Anesthetists (RNA)

Occupational Therapists

Occupational Therapy Assistants **Kansas State Board of Pharmacy**

Physical Therapists Pharmacists

Physical Therapy Assistants Pharmacies

Respiratory Therapists Manufacturers

Student Respiratory Therapists Distributors

Athletic Trainers Non-Prescription Distributors

Naturopaths (NDs) Retail Dealers

Radiologic Technologists Ambulances

Resident Physicians Analytical Laboratory

Institutional County Health/Family Planning Centers

Contact Lens Distributors Institutional Drug Rooms

Research and Teaching

**Behavioral Sciences Regulatory Board** Non Resident Pharmacies

Psychologists Pharmacy Technicians

Masters (LMLP) Pharmacy Interns

Ph D (LP) Sample Distributors

Social workers Durable Medical Equipment

Associates (LASW)

Masters (LMSW) **Kansas Dental Board**

Bachelors (LBSW) Dentists

Clinical (LSCSW) Dental Hygienists

Licensed Professional Counselors (LPC)

Licensed Clinical Professional Counselors (LCPC) **Kansas Board of Emergency Medical Services**

Family and Marriage Therapists (LMFT) EMT –Emergency Medical Technician

Clinical Family and Marriage Therapists (LCMFT) Advanced Emergency Medical Technician (includes Clinical Psychotherapists (LCP) Intermediate, Defibrillator, Intermediate-Defibrillator)

Licensed Addiction Counselors (LAC) EMR—Emergency Medical Responder (includes First

Licensed Clinical Addiction Counselors (LCAC) Responder)

Paramedic

**Health Occupations Credentialing Kansas Board of Examiner in Optometry**

Audiologists Optometrists

Speech Pathologists

Adult Care Home Administrators **Kansas Hospital Discharge Summary Data**

Dietitians Other:

Certified Nurse Aides (CNAs)

Certified Medication Aides (CMAs)

Home Health Aides (HHAs)

**NOTE:** All requests are subject to limitations on restricted and confidential fields.

**CERTIFICATION STATEMENT**

# Kansas Statute Annotated 45-220 (c) prohibits the use of names or addresses derived from public records for the purpose of selling or offering for sale property or services including but not limited to marketing purposes.

(c) If access to public records of an agency or the purpose for which the records may be used is limited pursuant to K.S.A. 45-221 or K.S.A. 2004 Supp. 45-230, and amendments thereto, the agency may require a person requesting the records or information therein to provide written certification that:

(1) The requester has a right of access to the records and the basis of that right; or

(2)the requester does not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or (B) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

Please sign and date where indicated below to certify that you do not intend to, and will not: (A) Use any list of names or addresses contained in or derived from the records or information for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; nor (B) sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

Signature of requestor

Printed name of requestor

Date