

SECTION 2.6 DATA MANAGEMENT

The collection and compilation of Family Planning data is a priority of the CDPHE Family Planning Program. An extremely helpful resource, data is used for decision making, assessing program progress throughout the year, and evaluation of program **activities**. Agencies are required to submit data to CDPHE for the Family Planning Annual Report (FPAR) **for the Office of Population Affairs (OPA), a federal agency whose responsibilities include implementation of the Title X Family Planning Program.** The **CDPHE Family Planning Program** has established minimum data reporting requirements to ensure compliance **with OPA requirements.**

WHAT IS THE FAMILY PLANNING ANNUAL REPORT (FPAR)?

The information in this sub-section is summarized from the FPAR Instructions¹:
Annual submission of the Family Planning Annual Report (FPAR) is required of all Title X family planning services grantees for purposes of monitoring and reporting program performance (45 Code of Federal Regulations [CFR] Part 74 and 45 CFR Part 92). FPAR data are presented in summary form to protect the confidentiality of individuals who receive Title X-funded services (42 CFR Part 59).

The FPAR is the only source of annual, uniform reporting by all Title X family planning services grantees. It provides consistent, national-level data on the Title X Family Planning Program and its users. Information from the FPAR is important to OPA for several reasons. First, FPAR data are used to monitor compliance with statutory requirements, regulations, and operational guidance set forth in the *Program Guidelines for Project Grants for Family Planning Services (“Program Guidelines”)*, which include

- monitoring compliance with legislative mandates, such as giving priority in the provision of services to low-income persons [42 USC 300 §1006(c)]; and
- ensuring that Title X grantees and their subcontractors provide a broad range of family planning methods and services [42 USC 300 §1001(a)].

Second, OPA uses FPAR data to comply with accountability and federal performance requirements for Title X family planning funds as required by the 1993 Government Performance and Results Act (GPRA). Current performance goals for the Title X Family Planning Program include priority in the provision of family planning services to low-income individuals, access to and utilization of cervical cancer screening as a means to reducing invasive cervical cancer, reducing infertility by screening for chlamydia, and ensuring program efficiency as measured by the cost per user served.

Finally, OPA relies on FPAR data to guide strategic and financial planning, to monitor performance, and to respond to inquiries from policymakers and Congress about the program. The FPAR allows OPA to assemble comparable and relevant program data to answer questions about the characteristics of the population served by Title X projects, utilization of services offered, composition of revenues, and program impact. FPAR data are the basis for objective grant reviews, program evaluation, and assessment of program technical needs.

Further information on FPAR is available from the **CDPHE Family Planning Program.**

¹ “Title X Family Planning Annual Report – Forms and Instructions,” U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Population Affairs, Office of Family Planning, Reissued January 2011.

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HOW IS DATA COLLECTED FOR FPAR?

To facilitate the collection and reporting of data, the **CDPHE Family Planning Program** utilizes the **Integrated Registration and Information System II, also known as IRIS**, for data collection and reporting. Agencies enter data into IRIS directly by the 10th of each month, i.e. January data must be entered by February 10th. (Alternate data submission methods may be available in some circumstances). **IRIS** users and their supervisors must fill out security access forms and submit a supervisor letter in order to **be** granted access to IRIS. The forms and a template of a supervisor letter can be found at <https://cxf.dphe.state.co.us> or by contacting the **CDPHE Family Planning Program** Data Coordinator at 303-692-2496. **Samples of these forms are included in this section.** Once completed forms are received by the **CDPHE Family Planning Program**, users are given a user ID, passwords, and **are offered** training on how to use the IRIS system. Security access is required for each user. User IDs and passwords should never be shared. Access is deactivated once a user has left the program. **It is the responsibility of the IRIS user's supervisor to notify CDPHE Family Planning Program when an employee no longer requires access to IRIS or are no longer employed by the delegate agency.**

IRIS offers various data reports that agencies will find useful. A list of reports available from IRIS and the data provided therein **are** included in this section. Instruction on how to generate agency specific reports is given at the time of IRIS training. The Data Coordinator may also be contacted directly with any questions, comments, or requests with respect to data reports.

Please note that only those clients that have been enrolled in the Title X program (signed consent, received counseling, etc.) should have data entered into the IRIS database.

IRIS USER SUPPORT

For assistance with IRIS/Citrix passwords or other technical support, agency staff should contact the CDPHE Family Planning Program Data Coordinator at 303-692-2496.

FTE INFORMATION-INSTRUCTIONS

The FTE information is required annually for the Family Planning Annual Report (FPAR) and is due on a date (mid-January) specified by CDPHE. Time and Effort reports should be used to complete this information. Agencies must be able to adequately document the time and effort of staff designated to the Title X program (**see sub-section on Time and Effort in Section 2.5 - Financial Management of the Administrative Manual**).

Agencies may also choose to do a time study to determine client care time. **For this process**, it is recommended that for a minimum of 2 weeks at least once a year, each FP clinical staff member should complete a time study that continues to record time and effort spent working in family planning (vs. working in other programs in the agency) and additionally records activities so that client care time can be separated from other time. These time study records should not be sent to the **CDPHE Family Planning Program** but should be used in completing the **FTE** report and kept on file at the local agency.

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- **Job Title** - List by job title the clinical services providers of the family planning program (you may either list each individual separately or you may group them together by title). Use your agency's titles, designating which positions are: Physician, **Mid-level (Nurse Practitioner, Certified Nurse Midwife, or Physician Assistant) and Registered Nurses (RNs) with an expanded scope of practice who are trained to perform complete physical exams for both male and female clients and provide clinical services such as treatment and management of a client's proposed method of contraception, general reproductive health, or infertility treatment according to Title X Program Guidelines. Do not include RNs who do not function in an expanded scope of practice defined here. The majority, if not all RNs working in Colorado Family Planning clinics, will not be included on the FTE table.**

- **FTE (full time employee)** - Determine the percent of FTE that each person (or job type) spends in the family planning program by dividing the hours those employees work per year in the program by 2080 hours (2080 hours per year equals 1 FTE). The calendar year is preferred, but you may use any 12-month period.
 - For example a Nurse **Practitioner** who works 1040 hours per year in family planning would be .5 FTE (1040 hrs/2080 hrs = .5 FTE).

 - If your agency has 4 Nurse Practitioners, and one of them works 500 hours, another 1000 hours, another 2000 hours and one full time (2080 hours) you have a total of 5,580 NP hours per year at your agency. When you report them as a group, you will have 2.68 FTE Nurse Practitioners [(500 hrs+ 1000 hrs + 2000 hrs + 2080 hrs)/2080 hrs = 2.68 FTE]

- **% Client care** - Record the percent of family planning time each person (or job type) spends providing client care. Client care time should include anything related to direct client services, including not only exams, but also education and counseling, charting, appointment setting, etc. Multiply the FTE times the Client Care % to get the Client Care FTE (see sample form). Add together the Client Care FTE for each provider type: Physician, Midlevel, and **RNs functioning in a expanded role**, and record on the appropriate line at the bottom of the form.

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COMMON DATA TERMS

The following terms are often used in describing CDPHE Family Planning Program data:

- **Family Planning Client** – The client is fertile (has not gone through menopause or had a hysterectomy) and received a qualifying family planning procedure during his or her visit.
- **Non Family Planning Client** – The client is not eligible for Title X because they have gone through menopause or had a hysterectomy. This is determined using the “Contraceptive Method After” field of IRIS
- **Qualifying** – Similar to “Family Planning Client”. The client is fertile and received a qualifying family planning procedure during at least one of his or her visits in the time period. A qualifying procedure is one that is directly related to birth control or pregnancy planning such as a pregnancy test, contraceptive counseling, method evaluation, IUD insertion or removal, Implanon insertion or removal, Depo injection, etc.
- **Unduplicated** – Clients may only be counted as a family planning client once during a specific time period. Therefore, if the client had two visits, they would only be counted once. NOTE: it is still important to record all family planning visits, as different time periods are used for different reports.
- **Total Clients** – Unduplicated number of family planning clients who had a qualifying procedure during the specified time period, regardless of age or income.
- **Target Clients** – This is the priority population for the CDPHE Family Planning Program and is made up of all men and women with incomes at or below 150% of poverty and all teens (under age 20).

HOW DOES DATA REPORTING AFFECT AGENCY FUNDING?

Colorado Family Planning contractors are funded for the **Title X** fiscal year (**June 30 – June 29**) based on the number of target Family Planning clients served in the preceding *calendar* year, (**target clients include** all men and women with incomes at or below 150% of poverty, and all teens who have received a qualifying procedure). **Data on all qualifying family planning clients is important as regional and state funding is based on the total number of qualified family planning clients served.**

SPECIAL REQUESTS FOR DATA

Agencies will be required to submit a Special Data Request Form when seeking IRIS data that is not automatically generated with the reporting tool within IRIS. The purpose of the Special Data Request Form is to ensure effective communication about what data information an agency is seeking to obtain and in what format, how the agency will use the data, and to establish a method of secure delivery of the requested data. The Special Data Request form is available on the CDPHE Family Planning Program website or by contacting the CDPHE Family Planning Program Data Coordinator at 303-692-2496.

In some cases, agencies may be required to submit a Data Use and Confidentiality Agreement Form. The purpose of this form is to ensure agencies are made aware of the agency’s obligations when confidential information is provided by the CDPHE Family Planning program.

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DATA CLEANING AND VERIFYING DATA

To ensure the data in IRIS is accurate, the Data Coordinator will periodically review data reports that may identify data fields that contain inaccurate data. In these instances, the Data Coordinator will contact the agency family planning coordinator or other agency data staff to confirm the data in IRIS.

In January, before data is locked down, the Nursing Consultant and Data Coordinator will review agency data for errors and may contact the agency's family planning coordinator to resolve or remove erroneous data.

Please contact the Data Coordinator immediately. If a duplicate record or error is identified in IRIS.

DATA LOCKDOWN

Data lockdown occurs in the last week of January every year. Once the data for the previous year is locked down, agencies can no longer edit/revise/delete records of visits for the previous calendar year.

RESPONSIBILITIES FOR AGENCIES SUBMITTING THIRD PARTY DATA

Agencies that submit third party data should carry out a process of frequently verifying and comparing the accuracy of the data in IRIS to the data in the agency's third party data system.

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FAMILY PLANNING IRIS REPORTS

<u>Report #</u>	<u>Title of Report</u>	<u>Reported Data</u>	<u>Notes:</u>
02A	Contraceptive Methods of Patients by Age and Gender	Methods of contraception by age group and gender for qualifying FP² clients .	This report will show number of qualifying and non-qualifying females and males seen.
03	Ethnicity/Race of Patients by Age	Ethnicity and race by age group and gender for NQFP³, QFP⁴ and NFP⁵ clients .	This report will show number of qualifying and non-qualifying females and males seen.
05	Services Count	Services by age group and gender for NQFP, QFP and NFP clients .	This report counts services rendered and will include duplicates. Not to be used for client counts .
05N	Service Count - Non-Priority	Non-Priority services by age group and gender for QFP clients .	This report counts services rendered and will include duplicates. Not to be used for client counts.
05P	Services County - Priority	Priority services by age group and gender for QFP clients .	This report counts services rendered and will include duplicates. Not to be used for client counts.
08	Number of Clinic Visits by Provider Type	Number of clinic visits by provider type for NQFP, QFP and NFP clients .	Provider types: Clinic Asst., NP/CNM/PA, Physicians, RN, Other
12	Patients by Age, % Poverty and Type with Target	Number of clients by percent of poverty and age group for NQFP, QFP and NFP clients .	This report also includes the target client confirmation numbers sent by CDPHE Family Planning Program for coordinator approval.
12B	Non-Qualifying Patients with Person ID	Clients by client ID who are NQFP clients . Shown by age group and poverty level.	CONTAINS CLIENT IDENTIFYING INFORMATION
12F	Qualifying/Non-Qualifying/Target YTD Summary	Number of qualifying, non-qualifying and target clients for the selected date range compared to the same date range of the previous year	
12Fe	Female Patients by Age, % Poverty and Type with Target	Same as Report 12 for female clients ONLY	

² FP = Family Planning

³ NQFP = Non-Qualifying Family Planning

⁴ QFP = Qualifying Family Planning

⁵ NFP = Non-Family Planning

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<u>Report #</u>	<u>Title of Report</u>	<u>Reported Data</u>	<u>Notes:</u>
12M	Male Patients by Age, % Poverty and Type with Target	Same as Report 12 for Male clients ONLY	
12W	Eligible for Medicaid Waiver	Number of clients by percent of poverty for each age group.	
13	Visits and Patient Loads	Total number of clinic visits by number of new and existing clients for NQFP, QFP and NFP clients .	
13C	Visit Types of Patients - Summary	Total number of clinic visits by visit type.	
16	Non-Qualifying Clients	Non-qualifying clients (male & female), with client name, birth date, client ID, visit date, and fertility status. (Listed in numeric order by client ID).	CONTAINS CLIENT IDENTIFYING INFORMATION
17	Patients Without Visit	Client names, ID, birth date, and county with a client record but no clinic visits entered into IRIS for a specific time period . (Listed in numeric order by client ID).	CONTAINS CLIENT IDENTIFYING INFORMATION
18	Patients by Insurance Coverage	Number of clients with private insurance (including covers FP, does not cover FP, or FP coverage unknown), clients with public insurance (Medicaid or unknown type of public insurance), clients who are uninsured, and clients whose insurance coverage status is unknown.	
19	Contraceptive Continuity by Age	Number of clients by age who were on an effective method of contraception during the previous period, remained on an effective method for the current period, percent of current users with respect to previous users and percent of clients who changed to no method, changed to no method and are seeking pregnancy or those who are pregnant.	When generating a report, whatever current period you choose will dictate the "previous period", i.e. if current = 04/01/2005 - 04/30/2005 then previous = 04/01/2004 - 04/30/2004

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<u>Report #</u>	<u>Title of Report</u>	<u>Reported Data</u>	<u>Notes:</u>
20	Pregnant Patients by Intendedness and Age	Number of pregnancies by age groups for NQFP, QFP and NFP clients showing those who did not want to be pregnant then or in the future, wanted to be pregnant later, wanted to be pregnant sooner, or wanted to be pregnant then.	
21	Pregnant Patients by Intendedness, Income and Age	Number of pregnancies by age and income groups for NQFP, QFP and NFP clients showing those who did not want to be pregnant, wanted to be pregnant later, wanted to be pregnant then, and wanted to be pregnant sooner.	
22A	Limited English Patients by Language Summary	Number of clients with limited English language skills by native language.	
23AG	Agency Age Comparison with State Totals	Number and percent of male and female clients by age group compared with statewide information.	
23H	Agency Hispanic Comparison with State Totals	Number and percent of Hispanic, Non-Hispanic and unknown ethnicities of male and female clients compared with statewide information.	
23M	Agency Methods Comparison with State Totals	Number and percent of male and female clients listed by methods compared with statewide information.	
23P	Agency Poverty Comparison with State Totals	Number and percent of male and female clients by percent of poverty compared with statewide information.	
23R	Agency Race Comparison with State Totals	Number and percent of male and female clients by race compared with statewide information.	
24B	Patient by Age and County	Number and percent of clients by age and county of residence.	
37	Contraceptive Methods Chosen Before and After LARC ⁶	List of client names, client ID, visit date, and method before and LARC method after.	CONTAINS CLIENT IDENTIFYING INFORMATION
38A	Contraceptive Methods Before LARC	Number of the types of contraceptive methods before LARC method.	
38B	Contraceptive Methods After	Number of the type of LARC contraceptive after	

⁶ Long Acting Reversible Contraceptives

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<u>Report #</u>	<u>Title of Report</u>	<u>Reported Data</u>	<u>Notes:</u>
	LARC	methods.	
39	Number of Contraceptive Users	Number and percent of clients listed by contraceptive method compared with prior year.	
40	Clients Referred for Vasectomy/Tubal Ligation Followup	List of client name, client ID, visit date and result description.	CONTAINS CLIENT IDENTIFYING INFORMATION

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The following is a sample of a Supervisor Letter. This form can be downloaded from the **CDPHE website** at: <http://www.cdphe.state.co.us/webapplications/approvals.html>

SUPERVISOR LETTER TEMPLATE

User Agency Letterhead

Colorado Department of Public Health and Environment

Program Name and Mail Code

4300 Cherry Creek Drive South

Denver, CO 80246-1530

(use for one user, one or more information systems)

Date

To Whom It May Concern:

User Name is an ***employee (contractor, volunteer, intern, etc)*** at ***Agency Name***. As ***his/her supervisor*** I am requesting ***User Name*** be given access to Colorado Department of Public Health and Environment (CDPHE) information system(s): ***insert system name(s) here***. This access is necessary in order for ***User Name*** to be able to do their work for ***Agency Name***.

I understand that if ***User Name*** leaves ***Agency Name***, or no longer needs access to the above CDPHE information system(s), I will request that unneeded access will be disabled ***immediately***. I also understand that if I have any questions about the status of the access, I can contact the owner of the above information system at the Department of Public Health and Environment at (303) 692-2000 or 1-800-886-7689 (In-state.)

Sincerely

Name

Title

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The following is a sample of the Secure External User Form. This form can be downloaded from the **CDPHE website** at: <http://www.cdphe.state.co.us/webapplications/approvals.html>

 <p align="center">STATE OF COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT</p>			
<p>Please fill out online and print, deliver, mail or fax</p> <p>Secure EXTERNAL User ID Form</p>			
<p>Instructions: A letter on agency letterhead, signed by the applicant's supervisor, must accompany this form. Make certain pages 1 and 2 are completed and signed. Complete the first lines only at the top of page 3. The department completes the gray area on page 3. The list of program(s) provided at the top of page 3 is used to determine the applicant's access. An authorizing department staff member will contact the applicant when a new ID is set up or changes to an ID are completed.</p>			
<p>Do you have a user ID for ANY department application? What is it? _____</p>			
<p>Why are you completing this form? New system access <input type="checkbox"/> renewal <input type="checkbox"/> change name <input type="checkbox"/> other change <input type="checkbox"/></p> <p>Explain: _____</p>			
	PRINT Full Name-including middle name	Phone(s) used to contact user about new ID and password and to reset passwords	E-mail address for general communications
Applicant		() -	
Applicant's Supervisor		() -	
		() -	
<p>Please PRINT full address clearly. Must include a physical street address if a P.O. Box is used to receive mail.</p>			
Agency or Organization			
P. O. Box			
Street Address (Not P.O. Box)			
2nd Address: Suite, Floor or Bldg #			
City, State and Zip Code			
_____ Applicant Signature		_____ Title	_____ Date
_____ Supervisor Signature		_____ Title	_____ Date

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Renewal User ID _____

Agency Name: _____



Data Security, Use and Confidentiality Agreement

In consideration of my access to the Colorado Department of Public Health and Environment secure Web site and information, I agree to the following. (Initial each statement and sign below.)

- _____ I understand that I am responsible for making every effort to prevent unauthorized users from gaining access to or using my user ID and password. I also agree to make every reasonable effort to prevent use of a computer for illegal or unethical purposes by all users, authorized or not.
- _____ I agree to immediately report any suspected or actual unauthorized access to the Colorado Department of Public Health and Environment point of contact that manages the information.
- _____ I will not share my password with any other person.
- _____ I will not leave my password around my computer or where another person might easily locate it.
- _____ I will change my password periodically and if I suspect it has been compromised. I will set up my passwords according to department guidelines for length and content.
- _____ I understand that this is a "shared fate" environment. My fellow users and patients may be affected or confidentiality compromised by the activities of other users. Preventing such activity is the shared responsibility of all users.
- _____ I agree to access only the information I need to do my job and not to access or attempt to access files that I am not authorized to use. I will not "browse" or otherwise use files or programs that exceed what is the minimum necessary to do my job. My use and disclosures of information will be consistent with those permitted by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws and rules.
- _____ I agree not to discuss confidential information or to provide copies of confidential reports, regardless of how or where acquired, to family members, friends, professional colleagues, other employees, other clients or any other person unless such person has been authorized to have access to that information. If unsure who is authorized to access the information, I will check with my supervisor or the department point of contact who manages the information.
- _____ I understand that my access is granted for the purposes of public health and environmental protection. I will not use or disclose any data for any purpose or end inconsistent with the purposes of the system(s) for which access is granted. If I am unsure if any use or disclosure is permitted, I will discuss the issue with my supervisor and/or contact appropriate department program staff for further clarification.
- _____ I will take precautions to protect confidential data displayed on my screen from viewing by others. This may mean re-positioning my computer screen, adding a device to limit other's view, turning off the computer when leaving the area or enabling password-protected screen savers. I will take reasonable and appropriate steps taking into account the staff and public access to my area and the nature of the data on the system.
- _____ I understand that files I access may be protected from distribution by copyright or other applicable laws. The department has exclusive copyrights in all original works of authorship created by its employees or contractors. This applies to both published and unpublished works, and includes, but is not limited to, written documents, charts, graphs, imagery and maps. Other entities' copyrighted works also may be accessible on this Web site. I will not reproduce, distribute or display these works without permission from the department or another copyright owner.
- _____ I understand that for audit or system security purposes, the department may monitor all my activity.
- _____ I understand that the department may revoke my access at any time, with or without cause.
- _____ I understand that any violation of federal, state, local or the program's confidentiality requirements or this Agreement will be considered a breach of my obligations and may result in disciplinary action, up to and including termination of employment, termination of contractual relationship and other remedies allowed by law during or after my employment or work with these data systems. For the department and other state employees, discipline will be per the State of Colorado Personnel Rules.
- _____ I understand that information contained in the department's information systems is highly confidential and is protected from improper use and disclosure by applicable federal and state laws. I agree not to disclose confidential information in violation of this agreement or applicable confidentiality laws.

Applicant Printed Name _____

Applicant Signature _____

Date _____

Supervisor Name _____

Signature _____

Date _____

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Applicant Name: _____

Agency Name: _____



Program(s) applicant requests access for (e.g., Special Needs, Communicable Disease and TB): _____

Check (✓) box if this is a change.

CDPHE Program Use Only				
Application Name/Role	Department Authorizing Staff Name	Date	Phone	Email
	Print:		() -	
Role:	Sign:			
	Print:		() -	
Role:	Sign:			
	Print:		() -	
Role:	Sign:			

Department Authorizing Program Use Only (Instructions to ITS and Training Notes)
Indicate any known user ID:

ITS USE ONLY
<p>ITS Staff Person Completing This Set Up:</p> <p>Assigned User ID: _____</p> <p>Confirmation Emailed to Authorizing Program Staff: _____ Date: _____</p> <p align="center"><small>Confirmation ONLY by e-mail</small></p> <p>Signature – ITS Staff _____ Title _____</p> <p>Notes: _____</p> <p>_____</p> <p>_____</p>

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This form can be downloaded from the **CDPHE Family Planning website** at:
<http://www.cdphe.state.co.us/pp/womens/FPNursingConsntsForms.html?col2=open>.



Colorado Department of Public Health and Environment
 Prevention Services Division
 Women's Health Unit
 Family Planning Program

4300 Cherry Creek Drive South
 Denver, Colorado 8246-1530
 Phone: (303) 692-2484
 Fax: (303) 691-7957

**Family Planning Program
Special Data Request Form**

Family Planning Program - IRIS Data Request Information	
Date of Request:	Preferred Completion Date:
<small>Note: CDPHE Family Planning Program has the discretion to deny or modify the provision of the requested data information based on the complexity, cost, time involved, confidentiality issues or the need to suppress small numbers.</small>	
Agency Information (Data User)	
Organization/Agency Name:	
Family Planning Coordinator Name:	
Data Requestor Information <small>(if someone other than the Family Planning Coordinator is requesting data)</small>	
Requesting Person's Name:	
Title:	
Phone Number:	
Email Address:	
Has your agency's Family Planning Coordinator been notified of this data request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CDPHE Secure External User?	
Has the Data Requestor previously completed a CDPHE Secure External User ID Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is your IRIS User name?	
What question(s) are you trying answer with the data you are requesting?	
What data are you looking for in order to answer the above question? Please describe the data variables desired.	

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The following is a sample of the Data Use and Confidentiality Agreement.

<h1 style="margin: 0;">STATE OF COLORADO</h1>			
<p>John W. Hartzinger, Governor Christopher E. Luna, MD, MPH Executive Director and Chief Medical Officer</p> <p>Dedicated to protecting and improving the health and environment of the people of Colorado:</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%; border: none;">4300 Cherry Creek Dr. S. Denver, Colorado 80246-1530 Phone (303) 862-2100 Locales in Glen Dale, Colorado E-mail: www.cdphe.state.co.us</td><td style="width: 50%; border: none;">Laboratory Services Division 8700 Limery Blvd. Denver, Colorado 80230-6520 (303) 832-0060</td></tr></table>	4300 Cherry Creek Dr. S. Denver, Colorado 80246-1530 Phone (303) 862-2100 Locales in Glen Dale, Colorado E-mail: www.cdphe.state.co.us	Laboratory Services Division 8700 Limery Blvd. Denver, Colorado 80230-6520 (303) 832-0060	 <p>Colorado Department of Public Health and Environment</p>
4300 Cherry Creek Dr. S. Denver, Colorado 80246-1530 Phone (303) 862-2100 Locales in Glen Dale, Colorado E-mail: www.cdphe.state.co.us	Laboratory Services Division 8700 Limery Blvd. Denver, Colorado 80230-6520 (303) 832-0060		
<h2 style="margin: 0;">Family Planning Program Data Use and Confidentiality Agreement</h2>			
<p>This Data Use and Confidentiality Agreement (Agreement) is between the Colorado Department of Public Health and Environment (CDPHE) Family Planning Program and (OFFICIAL AGENCY NAME HERE) referred to as Data User.</p>			
Obligations			
<p>CDPHE Family Planning Program Obligations:</p> <ol style="list-style-type: none">a. The CDPHE Family Planning Program, as the Data Owner, agrees to provide information to the Data User in the format indicated on the Family Planning Program Special Data Request Form.b. The data to be shared is from CDPHE Family Planning Program's Integrated Registration and Information System (IRIS) II data system.			
<p>Data User Obligations:</p> <ol style="list-style-type: none">a. <i>Uses and Disclosures as Requested in this Agreement.</i> The Data User shall use and disclose the confidential information provided by CDPHE Family Planning Program only for the activity described in the Family Planning Program Special Data Request Form. The Data User shall limit access to confidential information strictly to those individuals or classes of individuals who shall have access in order to perform the duties set forth in the Family Planning Program Special Data Request Form.b. <i>Nondisclosure except as Provided in this Agreement.</i> The Data User shall not use or further disclose the confidential data except as specified in this Agreement and the Family Planning Program Special Data Request Form.c. <i>Follow-Up.</i> The Data User shall not contact the subject of the information, the subject's next-of-kin, the subject's physician or other provider or any other relative or interested party, except as follows (Indicate "Not Applicable" if no follow-up is proposed): <div style="background-color: yellow; height: 15px; width: 100%; margin-top: 5px;"></div>d. <i>Safeguards.</i> The Data User agrees to take appropriate administrative, technical and physical safeguards to protect the data from any unauthorized use or disclosure not provided for in this			