

**Hawaii State Department of Health (DOH) Data Sharing Agreement**

Project title:

Principal Investigator (PI) or Project Manager (PM):

PI/PM Affiliation (Organization/University, and Department):

PI/PM Contact Information (Mailing Address, E-Mail Address and Telephone Number):

Agreements:

1. I agree to use the DOH-owned data provided to me under this agreement only for the project described and approved in the Proposal Approval Form submitted with the current data request.<sup>1</sup>
2. I agree not to resell or redistribute DOH-owned data that was used in this study. Further, the users of this data have been made aware that, while all efforts have been taken to ensure that the DOH data is of high quality, there is no guarantee of accuracy for the data contained herein and the possibility of errors exists.
3. Prior to release of research findings involving DOH-owned data, I agree to provide a copy of the draft manuscript(s), presentations, fact-sheets, posters, or any other materials developed for dissemination to the respective DC/OC/D<sup>2</sup> for vetting and approval.

I agree that I am the Principal Investigator (PI) or Project Manager (PM) for the above project. By signing this form, I agree to be held fully responsible for any breaches of agreements pertaining to the release of the DOH-owned record-level dataset for this project, including breaches by other users to whom I provide access to the DOH-owned record-level dataset released to me for the above project.

Name:

Title:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup>The project title should match the project title in the proposal approval form.

<sup>2</sup> Division Chief, Office Chief, or Designee