

Department Details

To Accompany MOU Template

1. Department staff that is the point of contact for other Departments' inquiries regarding the creation of a data sharing agreement. Please indicate whether university or nonprofit requests are also handed by this contact.
2. Does HIPAA govern your Department? If so, please include the HIPAA attachment that accompanies data sharing agreements.
3. Are there any specific conditions, statutes, or Federal regulations that apply to data sharing agreements with your Department that do not apply to other State Departments?
4. What are the databases that your Department has authority to share with other State Departments in a data sharing agreement assuming that any necessary requirements are satisfied?
5. What are the specific criteria or requirements that must be met in order for your Department to agree to enter into a data sharing agreement?
6. Briefly describe the necessary steps that another State Department would have to go through if it were to initiate a data request with you and eventually have a data sharing agreement approved with your Department. How does this process differ if the requester of data is a university or nonprofit organization?