MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
VITAL RECORDS AND HEALTH DATA DEVELOPMENT  
Agreement for the Use of the Michigan Vital Records Data

I, ______________________________________________________________________ agree:

1. That the vital records data obtained from the Michigan Department of Community Health will be used only in regard to research work outlined in the application for access to these data.

2. That these data are confidential. Information that would permit identification of a particular individual or establishment therein described, either directly or indirectly, will be carefully restricted to only those persons working directly on this project. Furthermore, the identifiable information will not be used as a basis for legal, administrative, or other actions which may affect those particular individuals or establishments as a result of their specific identification in this project.

3. That though the data to be provided will not contain any direct identifiers such as name or address, the data files are of sufficient detail that it is feasible to re-identify individual cases. Accordingly, to assure individual privacy of the families of individuals, no attempt, either manually or statistically, will be made to determine the identity of any specific individuals within the data files.

4. That improper use of these data is an illegal act. Identifiable or potentially identifiable information will not be released to anyone or any institution without prior written approval by the Michigan Department of Community Health. No data will be published or released in any form that would permit identification of a particular individual or establishment therein described. Data files will not be copied for retention or resold or otherwise provided to another person or agency and will be returned to the Michigan Department of Community Health upon completion of processing.

5. That all identifiable and potentially identifiable information will be held confidential and will be processed and disposed when no longer necessary for this research so as to assure these data are not accessed inappropriately. Appropriate procedures will be used to guard against access to these data by inappropriate and unauthorized individuals.

I have read and understand the implications of this agreement.

Signature __________________________

Title __________________________

Organization __________________________

Date __________________________

Subscribed and sworn before me this ____ day of ____ , 20__

Notary Public in and for _______________ County, Michigan.

Notary Public’s Signature __________________________

Notary Public’s Name - Printed or Typed __________________________

My Commission expires on __________________________

Misuse of confidential vital records is punishable by imprisonment or fine or both (MCL 333.2898) while unauthorized release of confidential information from a medical research project is punishable by imprisonment or fine or both (MCL 333.2638).