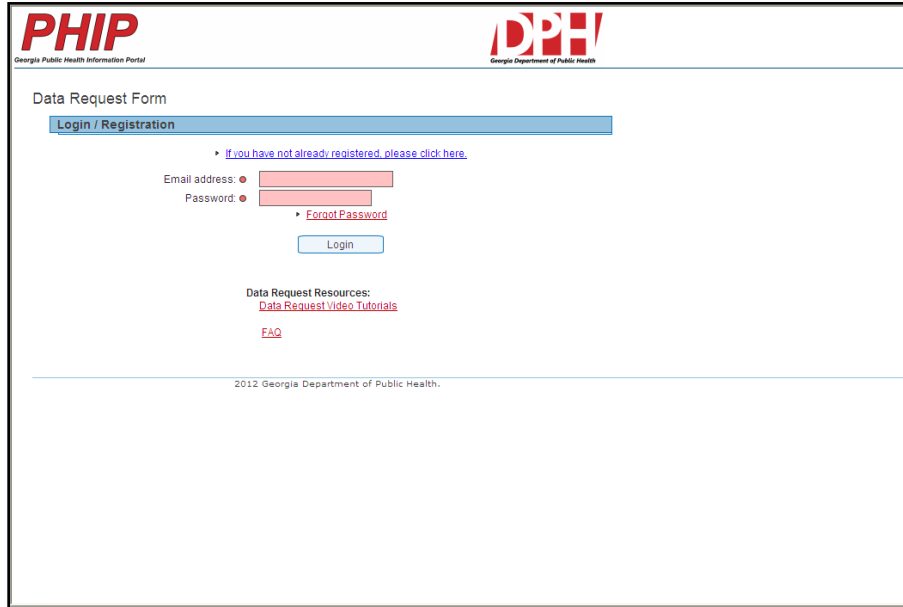


User Account Registration

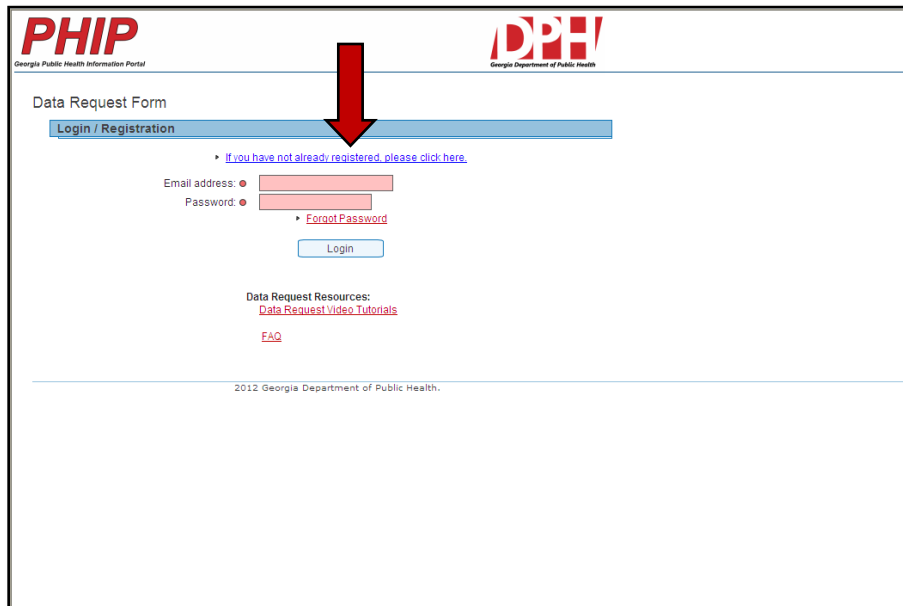
Creating a New User Account in SENDSS – For users who do NOT already have a SENDSS account

1. Go to the following website <http://datarequest.dph.ga.gov> the following page will be displayed



The screenshot shows the PHIP (Georgia Public Health Information Portal) Data Request Form. At the top left is the PHIP logo and at the top right is the DPH (Georgia Department of Public Health) logo. Below the logos, the text "Data Request Form" is displayed. A blue bar contains the text "Login / Registration". Below this bar, there is a link: "If you have not already registered, please click here." Underneath, there are two input fields: "Email address:" and "Password:". To the right of the "Password:" field is a link: "Forgot Password". Below the input fields is a "Login" button. Further down, there is a section titled "Data Request Resources:" with two links: "Data Request Video Tutorials" and "FAQ". At the bottom of the page, it says "2012 Georgia Department of Public Health."

2. Use the "click here" link to go to the PHIP account registration screen



This screenshot is identical to the one above, but with a large red arrow pointing down to the link "If you have not already registered, please click here." The rest of the page content, including the PHIP and DPH logos, the "Data Request Form" title, the "Login / Registration" bar, the input fields, the "Forgot Password" link, the "Data Request Resources" section, and the footer, remains the same.

3. You will be taken to the following page

PHIP
Georgia Public Health Information Portal

DPH
Georgia Department of Public Health

Data Request System

New user Registration Screen

•-- denotes required fields.

Email: Verify Email:

Password:

First Name: Last Name:

Title:

Organization:

Address 1:

Address 2: City:

State: Zip:

Phone: Fax:

Phone Ext:

2012 Georgia Department of Public Health.

4. Enter the required information in the registration form (pink fields with red dots are required)
5. Click the **Save** button
6. You will be given two options
 - a. **Ok and Exit** – which allows you to complete a data request at a later now
 - b. **Ok and Create Request** – which allows you to immediately enter a data request

Entering a Data Requests

Once an account has been created or a user has logged into the system the following page will be displayed

PHIP
Georgia Public Health Information Portal

DPH
Georgia Department of Public Health

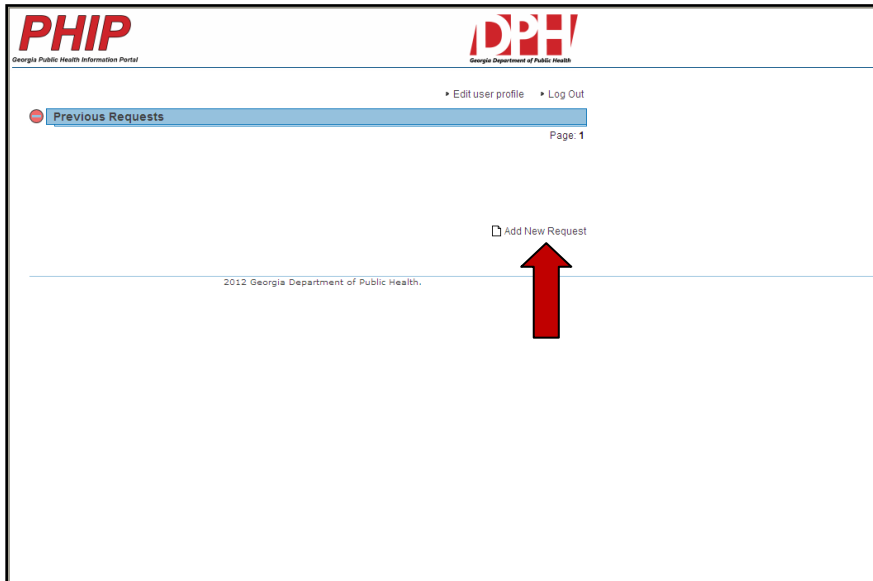
[Edit user profile](#) [Log Out](#)

Previous Requests

Page 1

2012 Georgia Department of Public Health.

1. Click on the **Add New Request** link to begin entering a new data request(see example below)



2. The following form will be displayed. The data request form has six sections (**Project Details, Requested Data Elements, Requested Attributes, Requester Information, Terms and Conditions and Attachments**). This training guide will address each section individually.

The screenshot shows the 'Data Request Form' on the PHIP website. The form is titled 'Data Request Form' and includes a legend: '● -- denotes required fields.' The 'Project Details' section is highlighted in blue and contains the following fields:

- Request Number: 243
- Project Title: ● [Red field with a question mark icon]
- Research Purpose: ● [Red field with a question mark icon]
- Research Question: ● [Red field with a question mark icon]
- Project Funding: ● [Red field with a question mark icon]

Project Details Section

1. Enter the requested information in the fields (**pink field with red dots are required**)
2. Enter the **Title** of your project (a meaningful title that will identify what you are requesting)
3. Briefly describe the **Purpose** of your research (e.g., community assessment, evaluation)
4. Enter your **Research Question** (if not decided enter possible questions you seek to answer)
5. Enter the **Funding** source for your research project (if not funded enter NA)

Requested Data Elements

Requested Data Elements

Data/Indicators: ● ?

Cause/Diagnosis: ● ?

Time Period: ● ?

Race/Ethnicity: ● ?

Age: ● ?

Sex: ● Male Female

Locale: ● Residence Occurrence ?

Location: ● State County(ies) Public Health Districts
 Other ?

1. Enter the type of **Data** or **Indicators** (e.g., births, deaths, infant mortality)
2. Enter the **Cause** or **Diagnosis** (e.g., lung cancer, obesity)
3. Enter the **Time Period** the data should reflect (e.g, each single year between 2000-2012)
4. Enter the **Race** and/or **Ethnicity** requirements for your request
5. Enter the **Age** or **Age Range** for the specific elements in your request
6. Choose the **Sex** requirements for your data request
7. Choose whether you would like to data for the **Residence** or the **Occurrence**
8. Select the location preference for your requests (e.g. State, County(ies), PH districts), if you select **County(ies)** or **Public Health Districts** you will have to advise if you want the data for **ALL** Counties or Public Health Districts
9. If you answer no to the **ALL** Counties or Public Health Districts question a new menu will be displayed (see example below) and you will need to make at least ONE selection

Location: ● State County(ies) Public Health Districts
 Other ?

Do you want the data for **ALL** public health districts? Yes No

Please select the districts:

<input type="checkbox"/> 1-1 Northwest (Rome)	<input type="checkbox"/> 1-2 North Georgia (Dillon)
<input type="checkbox"/> 2 North (Gainesville)	<input type="checkbox"/> 3-1 Cobb - Douglas
<input type="checkbox"/> 3-2 Fulton	<input type="checkbox"/> 3-3 Clayton (Jonesboro)
<input type="checkbox"/> 3-4 East Metro (Owensett Newton Rockdale)	<input type="checkbox"/> 3-5 DeKalb
<input type="checkbox"/> 4 Lanier	<input type="checkbox"/> 5-1 South Central (Dublin)
<input type="checkbox"/> 5-2 North Central (Macon)	<input type="checkbox"/> 6 East Central (Augusta)
<input type="checkbox"/> 7 West Central (Columbus)	<input type="checkbox"/> 8-1 South (Milledgeville)
<input type="checkbox"/> 8-2 Southwest (Albany)	<input type="checkbox"/> 9-1 Coastal (Savannah)
<input type="checkbox"/> 9-2 Southeast (Waycross)	<input type="checkbox"/> 10 Northeast (Athens)

Requested Attributes

Requested Attributes

Data Stratified by:

Age Sex Race/Ethnicity

Public Health Districts Counties Other ?

Data Presented by: ?

Counts Rates Shares

Requested Due Date: ●

Request Frequency: ● ?

Please select the file format for your data: ● ?

Additional Comments:

1. Please select what elements you want the **data stratified by** (e.g., age, sex, location)
2. Select how you want your **data presented** (e.g., counts, rates, shares)
3. Enter the date you would like the **request completed by**
4. Select the **frequency** of your data request (e.g., once, monthly, yearly)
5. Chose the **file delivery format** for your data
6. Supply any **additional comments** for this data request in the space provided

Requester Information

Requester Information

First Name:	Test	Last Name:	Customer
Title:	Test Customer		
Organization:	Test Organization		
Address1:			
Address2:		City:	Atlanta
State:	GA	Zip:	30303
Phone:	999-999-9999	Fax:	--
Phone Ext.:		Email:	testcustomerdp@gmail.com

Are you the primary contact for this request? Yes No

Are you the principal investigator(main researcher) for this project? Yes No

1. The information for the primary account holder should carry over from the user registration; if the contact person for this specific request differs from the primary account holder enter that contact information in the spaces below, otherwise bypass this section.
2. If you are **NOT** the primary contact for this data request select the “**no**” radio button and enter the primary contacts information
3. If you are **NOT** the principle investigator / main researcher for this project select the “**no**” radio button and enter the contact information for the person you are requesting data on behalf of

Terms and Conditions

1. In the space provided please enter the **explicit purpose** for the data you are requesting

Terms and Conditions

The Department and the Recipient agree that the Data furnished to Recipient under this Agreement shall be used only for the following purposes:

If the individually identifiable personal health information is included within the Data furnished under this Agreement, then Recipient warrants that it has requested and will receive only the minimum amount of individually identifiable personal health information necessary to accomplish the purposes described above.

Please read the terms and conditions for Data Sharing Agreement.

Department of Public Health
Terms and Conditions For Data Use Agreements

A. DEFINITIONS AND GENERAL INFORMATION
I. Definitions. The following words shall be defined as set forth below:
 (i) "Recipient" means the party receiving data from the Department under the Agreement, as identified in paragraph 1 on page 1.
 (ii) "Department" means the Georgia Department of Public Health.
 (iii) "Data" means any and all information provided by the Department to the Recipient pursuant to this Agreement, regardless of the form in which it was provided.



- Next, read through the **Data Sharing Agreements** definitions and general information and place a check in the box to acknowledge you have read, understand, and agree to the information provided
- You must **Agree** to the Terms and Conditions or you will **NOT** be allowed to submit your request

Please read the terms and conditions for Data Sharing Agreement.

1. **Agreement:** This agreement is a contract between you and the State of Georgia Department of Public Health. It sets out the terms and conditions for the use of the data. It is a legal document that you must read and understand before you agree to it. It is not intended to be enforceable by any court of law. It is enforceable under the applicable law.

2. **Use of Name or Intellectual Property:** Recipient agrees to not use the name of the Georgia Department of Public Health or any intellectual property owned by the State of Georgia, including but not limited to State Trademarks or logos, in any manner, including commercial advertising or in a business relationship, without the express prior written consent of the Department. However, Recipient shall include in any publication or presentation using the Data, and acknowledge that the Georgia Department of Public Health furnished data for use in the publication or presentation.

I agree to the terms and conditions



Attachments

Attachments

Upload Supporting Documents:

Please Select a File to Upload:

Uploaded file(s):

No files uploaded

- Upload any files that are relevant to the data requests (e.g, abstract, grant app, IRB approval)
- Finally, click the **Submit** button for your data request to be entered into the system



Once your request has been entered you will receive **periodic email status updates**. Some of these status updates will be **reflected in your account** under the previous requests section, so check your account often.

[Previous Requests](#)

[Edit user profile](#) [Log Out](#)

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