

**Data Request
Confidentiality Agreement Form
West Virginia Division of STD, HIV, & Hepatitis
Phone: 1-800-642-8244
Fax Requests to: 304-558-6478**

Requesting Party: _____

Agency: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Specific Information Requested:

Intended Use of Data:

Procedure for Protecting Confidentiality:

No additional release of this information will be allowed without the written permission of the Director of the Office of Epidemiology & Prevention Services

Signature: _____ **Date:** _____