



## Connecticut Department of Mental Health and Addiction Services

### Data Request Form

This form serves to notify DMHAS of any data requests from external parties.

Please email this data request form to Michael Giralmo, Chief Quality & Data Officer, at [michael.giralmo@ct.gov](mailto:michael.giralmo@ct.gov). A meeting will be scheduled with you once this form is received.

<b>Today's Date:</b>	
<b>Requestor's Organization/Division:</b>	
<b>Requestor's Name:</b>	
<b>Requestor's Title/Role:</b>	
<b>Requestor's Email:</b>	
<b>Requestor's Phone Number:</b>	
<b>Project Name / Title:</b>	
<b><u>Content of Data Request:</u></b> Please describe what information is being requested. Be as specific as possible (i.e., which data elements, what time period of data, what levels of care, client demographics, etc.).	
<b><u>Purpose of Data Request:</u></b> What is the general purpose of this data request (i.e., grant application, program evaluation, research, etc.)? How will data be used (i.e., included in grant application, incorporated into a presentation, research publication, etc.)? <b>Please be as specific as possible in stating the purpose and use of data.</b>	
<b><u>Timeframe:</u></b> On what date is the data/report needed?	
<b>Please identify any DMHAS staff member(s) with whom you have previously discussed this request, if applicable.</b>	