



**Free Public Use Data File (PUDF)**  
**Hospital Inpatient Discharge Data Order Form**

Organization/Licensee (as written on page 3): \_\_\_\_\_

**HOSPITAL INPATIENT DATA ORDER**

Data Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4

This order form is for free Inpatient Public Use Data File (PUDF) for 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, and 2018. The data is available in fixed-length format.

Data can be requested, (2016-2018) instead of putting a year on each row.

Send completed Form and Data Use Agreement to:

**Texas Department of State Health Services**  
**THCIC/ MC1898**  
**PO Box 149347**  
**Austin, TX 78714-9347**

The order form can be emailed to  
[thcichelp@dshs.texas.gov](mailto:thcichelp@dshs.texas.gov) for processing.



Data Use Agreement Hospital Inpatient Discharge Public Use Data File

Sections 108.013(c)(1) and (2) and 108.013 (g) of the Texas Health and Safety Code (THSC) prohibit the Texas Department of State Health Services (DSHS) from releasing, and a person or entity from gaining access to, any data that could reveal the identity of a patient or the identity of a physician unless specially authorized under Chapter 108 of THSC.

Any effort to determine the identity of any person or to use the information for any purpose other than for analysis and aggregate statistical reporting violates the THSC and this data use agreement. By virtue of this agreement, the undersigned agrees that the data will not be used to identify an individual patient or physician.

Any questions about the data must be referred to the DSHS manager in charge of implementing Chapter 108 of THSC. Product support is not provided by DSHS.

The data are protected by United States copyright laws and international treaty provisions.

In this data use agreement, the requestor of the data is referred to as the "licensee, " and can be any organization, employee of an organization, consumer or data purchaser that is responsible for complying with the following requirements:

Table with 2 columns: Assurance item and description. Header: By initialing each item, the licensee gives the following assurances with respect to the use of Texas Inpatient Discharge Data sets:
1. The licensee acknowledges the data is limited to the organization's physical location...
2. The licensee will not release nor permit others to release the individual patient records...
3. The licensee will not attempt to link nor permit others to attempt to link the inpatient records...
4. The licensee will not release nor permit others to release any information that identifies persons...
5. The licensee will not attempt to use nor permit others to use the data to learn the identity of any physician...
6. The licensee will not nor permit others to copy, sell, rent, license, lease, loan, or otherwise grant access...
7. The licensee acknowledges that when releasing or disclosing the data set...
8. The licensee agrees to read the User Manual and understand the limitations of the data...
9. The licensee will periodically check the DSHS/CHS/THCIC website for any technical updates...
10. The licensee will use the following citation in any publication of information from this file...
11. The licensee will indemnify, defend and hold the DSHS, its members, employees, and its contract vendors harmless...
12. The licensee will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn from these data are those of DSHS.



For the purposes of this data use agreement an "Organization" is defined by its physical location (street address). Organizations that have multiple physical locations shall restrict access of the requested files listed on this document to the location listed on the document, unless purchasing a multiple organization license. (See page 5)

Note: Organization staff at the location listed on this document or contracted business associates to the licensee listed that do not regularly work at the physical location listed on this document are required to obtain their own data through DSHS, except with the written approval of DSHS.

Sharing of the data between two organizations, regardless of affiliation, is only allowed with the written approval of DSHS.

The licensee is required to comply with all federal and state confidentiality laws. The licensee agrees to the foregoing restrictions and acknowledges that the knowing or negligent release of data in violation of Chapter 108, Health and Safety Code, is punishable by a civil penalty of up to \$10,000 under section 108.014 and is a state jail felony under section 108.0141 and any other remedies available under the law to DSHS.

Please indicate the organization business type; mark only one type:			
X	Business Type	X	Business Type
	Texas State Agencies and State Universities		Out of State Media
	Texas City/County/Local Government Health Departments		Out of State Agencies
	Texas Reporting Hospitals (provide THCIC ID below)		Out of State Universities
	Texas In-State Media		Out of State Hospitals
	Out of State Health Departments		All other businesses or consumers, including hospital or ASC affiliates, organizations, institutions, corporate offices
	Texas Private universities/colleges		

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name of Licensee: \_\_\_\_\_

Title (if part of an Organization): \_\_\_\_\_

Organization: \_\_\_\_\_

THCIC ID (required for reporting hospitals only) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Note to Licensee:** The data will be accessible by download. You will be notified by email when the data are available.



### Multiple Organization License

Licensee (on page 4) is responsible for providing PUDF copies to the multiple location licenses.

Type the names and physical addresses of each additional affiliated organization your organization will be requesting a license for. The fees associated with multiple organization licenses are listed on page 1.

License #2 - Name:		THCIC ID (if applicable):	
Street:			
City:	State:	ZIP Code:	
License #3 - Name:		THCIC ID (if applicable):	
Street:			
City:	State:	ZIP Code:	
License #4 - Name:		THCIC ID (if applicable):	
Street:			
City:	State:	ZIP Code:	
License #5 - Name:		THCIC ID (if applicable):	
Street:			
City:	State:	ZIP Code:	
License #6 - Name:		THCIC ID (if applicable):	
Street:			
City:	State:	ZIP Code:	
License #7 - Name:		THCIC ID (if applicable):	
Street:			
City:	State:	ZIP Code:	
License #8 - Name:		THCIC ID (if applicable):	
Street:			
City:	State:	ZIP Code:	
License #9 - Name:		THCIC ID (if applicable):	
Street:			
City:	State:	ZIP Code:	
License #10 - Name:		THCIC ID (if applicable):	
Street:			
City:	State:	ZIP Code:	
If additional locations, copy this page and renumber the location sites.			