**Indiana Health Equity Council**

**Information Sharing Permission
[*Date][Version Number]***

# NAME OF ORGANIZATIONS ENTERING INTO AGREEMENT

**Organization 1**

Name of Organization:

Address:

Phone:

**Organization 2**

Name of Organization: Indiana Health Equity Council via Indiana Department of Health, Office of Minority Health

Address:

Phone:

# PURPOSE OF THE AGREEEMENT

Information and data will be shared between the two organizations with the intent of increasing local level health equity through the execution of District Action Plan and collecting data to measure, monitor, and track social vulnerability index.

# PERIOD OF AGREEEMENT

The period of agreement shall extend from Date of Signature to June 30, 2025.

# DESCRIPTION OF DATA TO BE SHARED

Information and data to be shared could include survey results; number of participants registered, attending, impacted, outreached, engaged, etc.; qualitative insights from individuals of each organization; supportive annual reports; other data measured, monitored, and tracked impacting social vulnerability index.

# METHOD OF DATA TRANSFER

The information and/or data will be shared through electronic means (email, file share, etc.), de-identified, and sent by organization to identified Health Equity Council representative (Health Equity Community Health Worker, affiliated partner – Indiana Office of Minority Health, Purdue University, Indiana Community Health Workers Association, and/or TechServ Corporation).

# CONFIDENTIALITY

The organizations will ensure technical and physical safeguards are implemented to protect the confidentiality of the data shared and prevent unauthorized access. This includes limiting access to individuals with a need-to-know (e.g., community based organizations, health care providers, community health workers) and storing electronic data on password-protected and/or encrypted computers and tablets, etc.

# SIGNATURES

Authorized Signature for Organization One Date

Authorized Signature for Organization Two Date