

**New Jersey Department of Health  
Hospital Financial Reporting and Support**

**NON-CONFIDENTIAL RELEASE**

Conditions for release of the New Jersey data files by Hospital Financial Reporting and Support:

I, \_\_\_\_\_, representing \_\_\_\_\_  
am requesting the UB-92 non-confidential year-to-date data files for the years  
\_\_\_\_\_ from NJDOH Hospital Financial Reporting and Support.

I agree that these files will be in the custody and maintained by  
\_\_\_\_\_ and will not be released to any other organization  
or individual without the prior written approval of NJDOH Hospital Financial Reporting  
and Support. I further agree that no attempt will be made to identify specific patients or  
physicians whose records are included in these files, or link information from any other  
source to records for specific patients or physicians.

No listing of information from individual records will be published or otherwise  
released by the holder of these files.

I understand that any violation of the above conditions may result in prosecution  
under all relevant State and Federal Laws.

\_\_\_\_\_  
Representative of

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Representative of Hospital Financial Reporting and Support

\_\_\_\_\_  
(Date)