



Every Woman Counts (EWC) Data Request

Use this form to request EWC program data. Please provide all requested information, using tab to advance through the two-page form. For help, hover your cursor over the answer box and a tip will appear.

To submit the completed data request, you can print and fax the form to (916) 440-5631. Or you can print, scan or save as a PDF, and e-mail to EWCDMU@dhcs.ca.gov using "Subject: EWC Data Request."

We suggest you keep copies of all documents for reference.

EWC staff will contact you to confirm your data request; failure to respond within 30 days of our e-mail or call cancels the request. Data requests can usually be completed in two weeks. Questions? Contact your EWC Clinical Coordinator or our office at (916) 449-5300.

Name	Title
Organization	E-mail
Phone	Date of Request

National Provider Identifier (NPI)

Interest Mark the box that describes your interest in the EWC program.

- EWC Primary Care Provider
- EWC Regional Clinical Coordinator
- Advisory Council Member or Stakeholder
- Other

Due Date and Term of Report Data Date Report Needed _____

Date Data Begins Date Data Ends

Cancer Screening Data Mark one or more boxes to specify your data needs.

- Breast
- Cervical

EWC Data Reports Mark one or more boxes to request reports.

- Enrolled Recipients (first day of enrollment occurs in the specified period).
- Incomplete Cycles (specified work-up is incomplete)
- Abnormal Cycles (unclear or abnormal results)
- Other (describe in "Comments" on Page 2)

Comments Attach additional pages as needed. Do not include EWC recipient name(s) and health status as this is Protected Health Information (PHI).

Data Use Mark one or more boxes to describe why data is needed.

EWC Case Follow-up, to track cancer cases or those requiring immediate follow-up.

EWC Service Delivery Review, for data submission, site visits, investigations or case management submission.

Program Planning, for grant applications, policy development, budgeting or evaluation.

Other, for uses such as research or presentation. **Describe below**; attach pages as needed.

Request On Behalf of Other User

If requesting data on behalf of another individual or organization, provide information about the other requestor.

Name	Title
Organization	E-mail