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## DATA USE AGREEMENT (DUA) ADDENDUM for Data Acquired from the CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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The following individual(s) requests access to CMS data. Their signature(s) attest to their agreement with the terms and conditions defined in the original documentation for Data Use Agreement (DUA) \_\_\_\_\_ or for new DUA study/project name \_\_\_\_\_

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<b>Part A</b>	_____ <b>Requester</b>	_____ <b>Custodian</b>	_____ <b>Subcontractor</b>	_____ <b>Recipient</b>	
Printed Name	_____	Phone	_____	Ext	_____
Organization	_____				
Street Address	_____				
City	_____	State	_____	Zip	_____
E-mail	_____				
		Signature	_____		
(if applicable) Courier name	_____	Account number	_____		

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<b>Part B</b>	_____ <b>Requester</b>	_____ <b>Custodian</b>	_____ <b>Subcontractor</b>	_____ <b>Recipient</b>	
Printed Name	_____	Phone	_____	Ext	_____
Organization	_____				
Street Address	_____				
City	_____	State	_____	Zip	_____
E-mail	_____	Signature	_____		
(if applicable) Courier name	_____	Account number	_____		

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### **Contracting Officer Representative (COR)/Government Task Lead (GTL) or CMS Privacy Staff**

Printed Name _____	Signature _____
Organization _____	

Please send as an email attachment to [DataUseAgreement@cms.hhs.gov](mailto:DataUseAgreement@cms.hhs.gov), and see our website at [www.cms.gov/privacy](http://www.cms.gov/privacy)

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