

Use this document to include additional individual(s) to DUA if User & Custodian are same person **and/or** to add any other Project Staff w/access to raw CMS data to DUA. **DUA User and Custodian do NOT sign an Addendum.**

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

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) [redacted] or for new DUA study/project name (DUA User's last name in parentheses) Followed by complete study title, no abbreviations – new studies only [If requesting an amendment, enter DUA # in field above & leave study title blank.]

**Part A** \_\_\_\_\_Requester \_\_\_\_\_Custodian \_\_\_\_\_Subcontractor \_\_\_\_\_Recipient

Per CMS, select "Custodian" above (disregard other options) for those who will have direct (i.e. not supervised) access to data.

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Organization Complete name and all contact information, provide handwritten signature, and disregard Courier/Account.

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Signature \_\_\_\_\_

(if applicable) Courier name \_\_\_\_\_ Account number \_\_\_\_\_

**Part B** \_\_\_\_\_Requester \_\_\_\_\_Custodian \_\_\_\_\_Subcontractor \_\_\_\_\_Recipient

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Organization: If additional person needs to sign an Addendum then repeat Part A process for Part B.

Street Address otherwise leave Part B blank.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Signature \_\_\_\_\_

(if applicable) Courier name \_\_\_\_\_ Account number \_\_\_\_\_

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

Printed Name Leave this entire section blank/unsigned.

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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-0734. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Md. 21244-1850.