

# DATA USE AGREEMENT

## UPDATE TO EXISTING DATA USE AGREEMENT

EXISTING DUA #

Enter DUA being updated

### AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA

This agreement is needed as part of the review of your data request to ensure compliance with the requirements of the Privacy Act, and must be completed prior to the release or use of specified data files.

1. Requestor Organization

Enter Legal Name of Requesting Organization (must match original DUA)

2. Name of Study/Project

Enter complete original study title (as much as will fit, do not abbreviate; must match original DUA)

CMS Contract Number (if applicable)

Leave blank (ResDAC will complete if applicable)

3. The following additional CMS data files(s) are being requested under this Agreement.

File	Year(s)	System of Record (to be completed by CMS Staff)
List the name of each file being requested	List year(s)	Leave this column blank
If update includes reuse from another DUA, include the reuse DUA number in this section		
Can list multiple file names per line only if the requested years are exactly the same		
Can abbreviate file names, e.g. "Inpatient" = "IP"		

4. On behalf of the user **the undersigned individual hereby attests that he or she is authorized to legally bind the user to the terms of the existing agreement and agrees to all the terms specified therein.**

Type or Print Name of Requesting Individual

Name of individual authorized to sign legal agreements & his/her formal title (must match original DUA)

**Do NOT sign below until advised by ResDAC**

Signature	Date
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5. On behalf of CMS the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all the terms specified herein.

Type or Print Name and Title of CMS Representative

Signature <input type="checkbox"/>	Date
Signature of CMS System Manager or Business Owner <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	Date
	System Name