

Exhibit 294

(Rev.88, Issued: 08-27, 13, Effective: 07-19-13, Implementation: 7-19-13)

DUA Multi-Signature Addendum

Release of Hospital Restraint/Seclusion Death Reports to Protection and Advocacy Organizations

This Addendum #_____ to DUA #_____ must be executed prior to the disclosure of any person-identifiable restraint/seclusion death report data to an alternate or additional Custodian designated by the Protection and Advocacy organization (P&A).

Prior to **CMS** releasing person-identifiable restraint/seclusion hospital death report data to a State-mandated P&A authorized to investigate such incidents/complaints, the P&A must have a valid Data Use Agreement (DUA), signed by the P&A-designated Custodian and approved by CMS. The "Custodian" is the individual within the P&A who will have actual possession of and responsibility for the data files, and who will be an official of the P&A. If an alternate or additional Custodian is designated by the P&A, that individual must submit a signed Multi-Signature Addendum Form to the *Director, Division of Privacy Compliance, Centers for Medicare and Medicaid Services, Mailstop N2-04-27, 7500 Security Boulevard, Baltimore, MD 21244-1850.*

On behalf of the below-named P&A, the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to the terms and provisions of the aforementioned existing DUA.

Name of Custodian (typed or printed)

Agency/Organization

Street Address

City/State/ZIP Code

Telephone (Include Area Code)

E-Mail Address (if applicable)

Signature

Date
