



**Centers for Medicare & Medicaid Services
eXpedited Life Cycle (XLC)**

Enterprise Privacy Policy Engine (EPPE)



**Contractor Approval Workflow
Training Module - Update DUA
Custodian(s)/DESY User(s)**

Training Topics

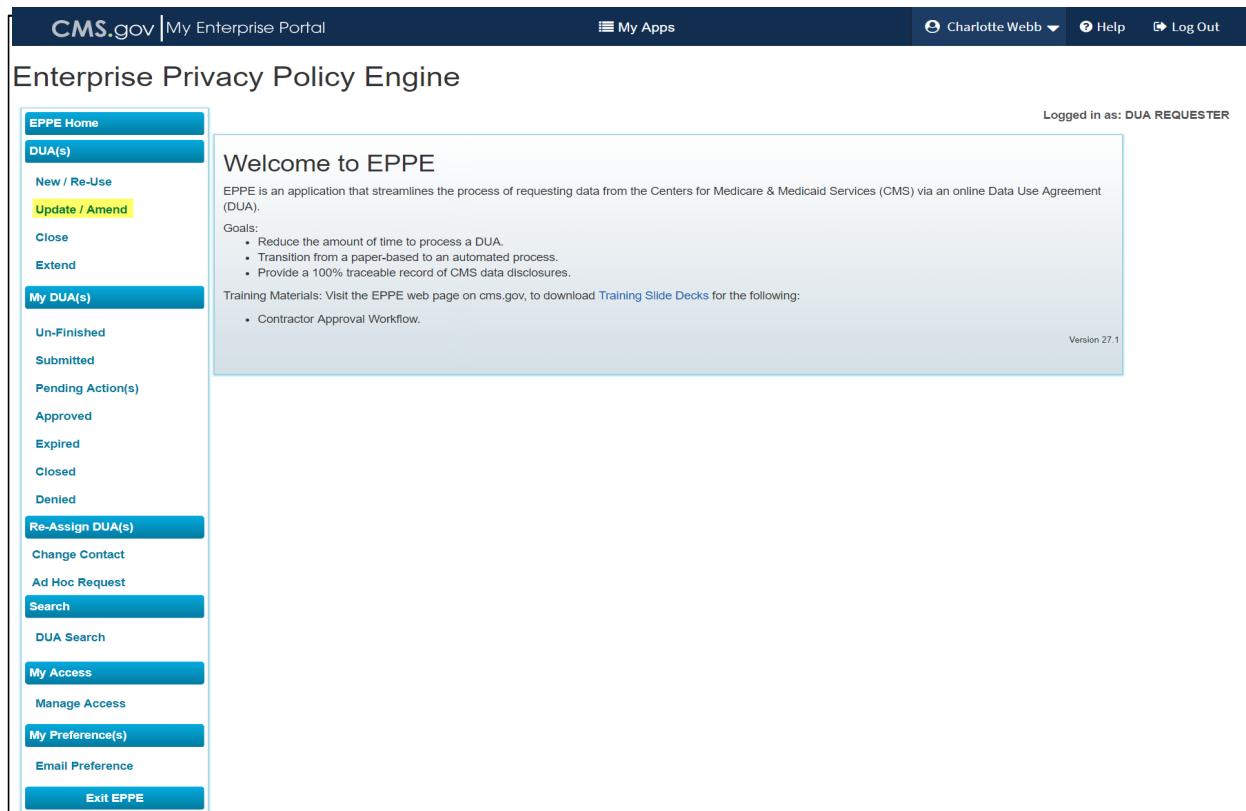
Training Topics in this Module

- Update/Amend DUA
 - Custodian(s)/DESY User(s)

UPDATE/AMEND A DUA

DUA Requester – Update/Amend

EPPE Menu



Select the **Update / Amend** option on the DUA(s) menu to display a list of Approved DUAs that can be updated.

DUA Requester – Update/Amend

List of DUAs Eligible to Update

DUA

UPDATE DUA
PLEASE SELECT ONE OF THE DUA TO UPDATE

Search:

DUA Number	Organization	Requester	Request Date	Status	
CONT-2018-53372	NORTH CAROLINA STATE UNIVERSITY	Taraji Henson	1-5-2018	Approved	View
CONT-2018-54153	NORTH CAROLINA STATE UNIVERSITY	Taraji Henson	2-21-2018	Approved	View

Showing 1 to 2 of 2 entries

[Previous](#) [Next](#)

1. A list of Approved DUAs displays.
2. Select the **View** link or **Search** for the DUA to update.

Note: If there are multiple pages of Approved DUAs, the **Previous** and **Next** buttons become enabled for scrolling through the listing.

DUA Requester – Update/Amend

DUA Displays

MY DUA

[Print DUA](#)

DUA Life Cycle

MAIN INFORMATION

DUA Number : CONT-2018-52679
DUA Customer Type : Contractor
DUA Status : Approved
Expiration Date : 03-01-2019
Requested Date : 10-12-2018
Requester : Charlotte Webb
Requester's Email : cwebb@test.com
Requester's Phone Number : (240) 214-6588 Ext.null
Last Updated By :
Organization Name : NORTH CAROLINA STATE UNIVERSITY
Project Name : Testing

CMS Contact (COR)

First Name : Stoney
Last Name : Johnson
Email Address : yvette.singletary@newwave.io
Phone Number : (443) 555-5555

Contract Information

Contract Number : HHA-HIM-2081
Task Order Number :
Contract Period - Start Date : 03-01-2018
Contract Period - End Date : 03-01-2019

CUSTODIAN/DESY USERS

Search:

User Name	EUA User Id	Organization
Aditi Pathak		NORTH CAROLINA STATE UNIVERSITY
BRIAN REICH	AA35	NORTH CAROLINA STATE UNIVERSITY

Showing 1 to 2 of 2 entries Previous Next

DATA FILE DESCRIPTIONS

Data File Description	From Year	To Year
COWBEN - CHRONIC CONDITION WAREHOUSE-BENEFICIARY SUMMARY FILE	2014	2018
COWSD - CCW 5% PART D FILE	2014	2018
COWIP - CHRONIC CARE WAREHOUSE 100% INPATIENT SAF	2014	2018
CCWCAR - CHRONIC CONDITION WAREHOUSE-CARRIER	2014	2018
COWDME - CHRONIC CONDITION WAREHOUSE-DURABLE MEDICAL EQUIPMENT	2014	2018

Showing 1 to 5 of 6 entries Previous Next

DOCUMENTS

Document	Uploaded Files
1 SIGNATURE ADDENDUM	Signature_Addendum.docx Download

[Update](#)

1. The **My DUA** screen displays.
2. Select the **Update** button.

DUA Requester – Update/Amend

DUA Review Screen Displays

Update DUA Request
DUA Number : CONT-2018-52679
REVIEW
Updated DUA Request

[View Approved Version](#)

DUA Life Cycle [View Approved Version](#)

MAIN INFORMATION [Edit](#)

DUA Number : CONT-2018-52679
DUA Customer Type : Contractor
DUA Request Type : UPDATE DUA
DUA Status : In Progress
Expiration Date : 03-01-2019
Requested Date : 10-12-2018
Requester : Charlotte Webb
Requester's Email : cwebb@text.com
Requester's Phone Number : (240) 214-0508 Ext: null
Last Updated By :
Organization Name : NORTH CAROLINA STATE UNIVERSITY
Project Name : Testing
CMS Contact (COR)
First Name : Stonoy
Last Name : Johnson
Email Address : yvette.singletary@ncsu.edu
Phone Number : (443) 555-9555
Contract Information
Contract Number : FBA-111M-2001
Task Order Number :
Contract Period - Start Date : 03-01-2018
Contract Period - End Date : 03-01-2019
SUBCONTRACTOR ORGANIZATION(S) [Edit](#)

CUSTODIAN/DESY USERS [Edit](#)

User Name	EUA User Id	Organization
Aditi Pathak	AA35	NORTH CAROLINA STATE UNIVERSITY
BRIAN REICH		NORTH CAROLINA STATE UNIVERSITY

Showing 1 to 2 of 2 entries [Previous](#) [Next](#)

EXISTING DATA FILE DESCRIPTIONS [Edit](#)

Data File Description	From Year	To Year
COWBEN - CHRONIC CONDITION WAREHOUSE BENEFICIARY SUMMARY FILE	2014	2018
COWSD - COW 5% PART D FILE	2014	2018
COWIP - CHRONIC CARE WAREHOUSE 100% INPATIENT SAF	2014	2018
COWCAR - CHRONIC CONDITION WAREHOUSE CARRIER	2014	2018
COWDME - CHRONIC CONDITION WAREHOUSE DURABLE MEDICAL EQUIPMENT	2014	2018

Showing 1 to 5 of 5 entries [Previous](#) [Next](#)

RE-USE DATA FILE DESCRIPTIONS [Edit](#)

Data File Description	From Year	To Year
No data available in table		

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

NEW DATA FILE DESCRIPTIONS [Edit](#)

Data File Description	From Year	To Year
No data available in table		

Showing 0 to 0 of 0 entries [Previous](#) [Next](#)

DOCUMENTS [Edit](#)

Document	Uploaded File
1 SIGNATURE ADDENDUM	Signature_Addendum.docx Download

Comments : 2000 characters remaining (2000 maximum)

[Save](#) [Cancel Update](#) [Previous](#) [Next](#)

1. The **Update DUA Request Review** screen displays on this slide with the following editable sections:

- **Main Information**
- **Subcontractor Organization(s)**
- **Custodian/DESY Users**
- **Existing Data File Descriptions**
- **Re-use Data File Descriptions**
- **New Data File Descriptions**
- **Documents**
- **Comments**

2. The second half is displayed on the next slide.

DUA Requester – Update/Amend

DUA Review Screen Displays

EXISTING DATA FILE DESCRIPTIONS

Edit

Date File Description	From Year	To Year	
PDE22 - 20% PRESCRIPTION DRUG EVENT DATA	2010	2018	✓
PDE24 - 40% PRESCRIPTION DRUG EVENT DATA (10+ VARIABLES)	2010	2018	✓
PDECF5 - 5 % PART D CHARACTERISTICS FILES	2010	2018	✓

Showing 1 to 3 of 3 entries Previous Next

RE-USE DATA FILE DESCRIPTIONS

Edit

Date File Description	From Year	To Year	
No data available in table			

Showing 0 to 0 of 0 entries Previous Next

NEW DATA FILE DESCRIPTIONS

Edit

Date File Description	From Year	To Year	
No data available in table			

Showing 0 to 0 of 0 entries Previous Next

DOCUMENTS

Edit

Document	Uploaded Files
1 SIGNATURE ADDENDUM	Signature_Addendum.docx Download

Comments :

2000 characters remaining (2000 maximum)

Save Cancel Update Previous Next

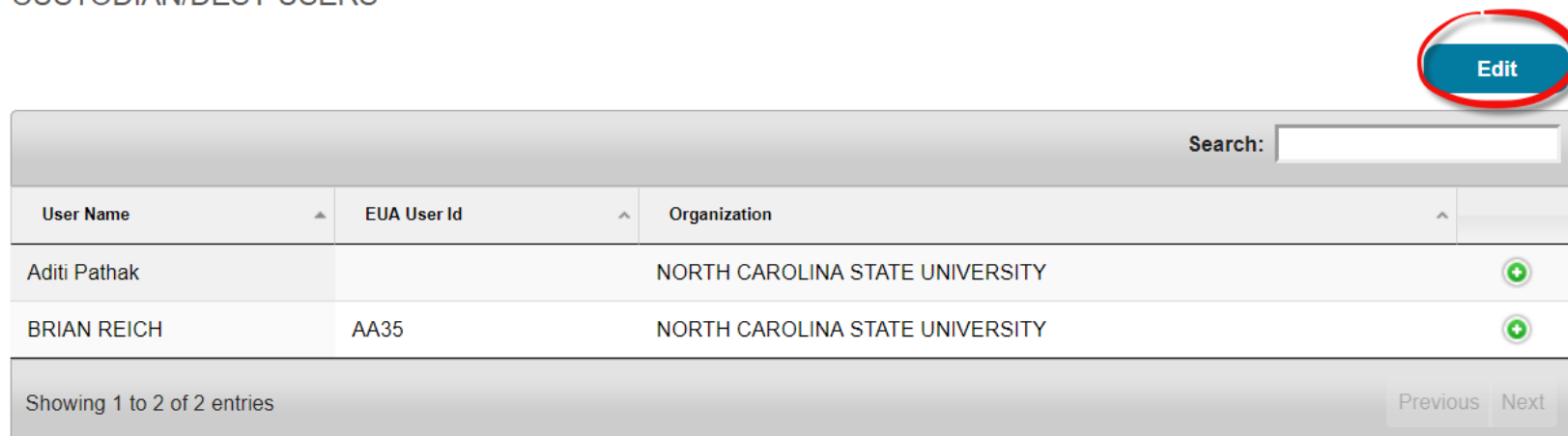
The second half of the **Update DUA Request** Review screen is displayed here with the following editable sections:

- Existing Data File Descriptions
- Re-use Data File Descriptions
- New Data File Descriptions
- Documents
- Comments



DUA Requester – Update/Amend

Edit DUA: Custodian/DESY Users

CUSTODIAN/DESY USERS



Search:

User Name	EUA User Id	Organization	
Aditi Pathak		NORTH CAROLINA STATE UNIVERSITY	
BRIAN REICH	AA35	NORTH CAROLINA STATE UNIVERSITY	

Showing 1 to 2 of 2 entries

Previous Next

Select the **Edit** button associated with the **Custodian/DESY Users** section to make changes if applicable.

DUA Requester – Update/Amend

DESY USER Screen: The DESY User

Update DUA Request

DUA Number : CONT-2018-52679

CUSTODIAN(S)/DESY USER

Search: <input type="text"/>			
User Name	EUA User Id	Organization	Action
Aditi Pathak		NORTH CAROLINA STATE UNIVERSITY	Edit Remove
BRIAN REICH	AA35	NORTH CAROLINA STATE UNIVERSITY	Edit Remove
Showing 1 to 2 of 2 entries			

Add Custodian(s)/DESY User

Done

1. The **Custodian(s)/DESY User** screen displays.
2. Select the **Add Custodian(s)/DESY User** button if **Custodians** need to be added as **DESY Users** to access data from the **DESY System**.

Notes:

- If you remove a **DESY User** from the DUA, this removes them as a **Custodian** on the DUA.
- It is optional to add **DESY Users** but you must have at least one (1) Custodian on the DUA.

DUA Requester – Update/Amend

DESY USER Screen: Add a DESY User

Add Custodian/DESY User

Required fields are marked with an asterisk (*).

Select Organization * : Choose Organization...

Select Users * : Choose Users... Add New User

Select User Location * : Choose Location... Add New Location

Is the selected user a DESY User? : ☒ Yes ☐ No

EUA User Id * :

Cancel Submit

Add Custodian/DESY User

Required fields are marked with an asterisk (*).

Select Organization * : Choose Organization...

Select Users * : Choose Users... Add New User

Select User Location * : Choose Location... Add New Location

Is the selected user a DESY User? : ☐ Yes ☒ No

Cancel Submit

1. **Add Custodian/DESY User** pop-up displays.
2. Enter the **Organization Name**.
3. Select a **User** from the dropdown.
4. Select the **User Location**.
5. Is the selected user a DESY User?
 - a. If Yes, enter the EUA User ID.
 - b. If No, No EUA ID is asked for.
6. Select the **Submit** button.

Notes:

- Adding a **DESY User** adds the user as a **Custodian** on the DUA.

DUA Requester – Update/Amend

DESY USER Screen: DESY User Table

Update DUA Request

DUA Number: CONT-2018-52595

CUSTODIAN(S)/DESY USER

Search:

User Name	EDM User ID	Organization	Action
User Name	N120	NORTH CAROLINA STATE UNIVERSITY	Edit Remove

Showing 1 to 1 of 1 entries

1. The user displays in the table.
 2. You can select the **Add Custodian/DESY User** button to add another DESY User.
 3. You can select the **Edit** link to edit the Custodian/DESY User.
 4. You can select the **Remove** link to remove Custodian/DESY User from the table.
 5. Select the **Done** button when all **Custodian/DESY Users** have been added/updated.
- Note:** Removing a **Custodian/DESY User** from the table removes them as a **Custodian** on the DUA.

DUA Requester – Update/Amend

Edit DUA: Upload Documents

EXISTING DATA FILE DESCRIPTIONS Edit

Data File Description	From Year	To Year	
PDE22 - 20% PRESCRIPTION DRUG EVENT DATA	2010	2018	
PDE24 - 40% PRESCRIPTION DRUG EVENT DATA (16+ VARIABLES)	2010	2018	
PDECFS - 5 % PART D CHARACTERISTICS FILES	2010	2018	

Showing 1 to 3 of 3 entries Previous Next

RE-USE DATA FILE DESCRIPTIONS Edit

Data File Description	From Year	To Year	
PDE15 - 5% PRESCRIPTION DRUG EVENT DATA (1-15 VARIABLES)	RE-USE	2010	2018
XWALK1 - COW BENE ID TO SSN CROSSWALK FILE	RE-USE	2010	2014

Showing 1 to 2 of 2 entries Previous Next

NEW DATA FILE DESCRIPTIONS Edit

Data File Description	From Year	To Year	
LABCAR - CLINICAL DIAGNOSTIC LAB FEE SCHEDULE CARRIER FILE	2010	2018	
LABNAT - CLINICAL DIAGNOSTIC LAB FEE SCHEDULE NATIONAL FILE	2010	2018	

Showing 1 to 2 of 2 entries Previous Next

DOCUMENTS Edit

Document	Uploaded Files
1 SIGNATURE ADDENDUM	Signature_Addendum.docx

Comments :

2000 characters remaining (2000 maximum)

Save Cancel Update Previous Next

Select the **Edit** button associated with the **Documents** section to upload supporting documentation if applicable.

DUA Requester – Update/Amend

Edit DUA: Upload Documents

Update DUA Request

DUA Number : CONT-2018-54153

UPLOAD DOCUMENTS

You may upload one or more documents to support your DUA.

	Document	Uploaded Files	Upload Document
1	SIGNATURE ADDENDUM	Signature_Addendum.docx Download Delete	<button>Upload Documents</button>

Done

1. The **Upload Documents** screen displays with a predefined document type table. In this example, the **Signature Addendum** file was uploaded when the DUA was created. The **Signature Addendum** is a required document.
2. Select the **Upload Documents** button to upload additional supporting documents from your local computer.

Note:

- Max file size is 2 megabytes and not all file types can be uploaded.
- A new Signature Addendum is required if any new Custodian/DESY Users were added to the DUA.

DUA Requester – Update/Amend

Edit DUA: Upload Documents

The screenshot shows the 'Update DUA Request' interface. At the top, it says 'Update DUA Request' and 'DUA Number : CONT-2018-54153'. Below this is the 'UPLOAD DOCUMENTS' section with the instruction 'You may upload one or more documents to support your DUA.' There is a table with columns 'Document', 'Unloaded Files', and 'Upload Document'. The first row shows '1' in the 'Document' column and 'SIGNATURE ADDENDU' in the 'Unloaded Files' column. An 'Upload Documents' pop-up dialog is open, showing 'Document Type : SIGNATURE ADDENDUM' and 'Select Files : Choose Files No file chosen'. The dialog has 'Upload' and 'Cancel' buttons. A 'Done' button is also visible in the background interface.

1. The **Upload Documents** pop-up displays.
2. Select the **Choose Files** button to select the supporting document(s) from your local computer.
3. Select the **Upload** button.

Notes:

- Max file size is 2 megabytes.
- Not all file types can be uploaded. EPPE will display a message when attempting to upload non-allowable file types.
- For easy recognition, please name files appropriately based on contents.

DUA Requester – Update/Amend

Edit DUA: Upload Additional Documents

Update DUA Request

DUA Number : CONT-2018-54153

UPLOAD DOCUMENTS

You may upload one or more documents to support your DUA.

	Document	Uploaded Files	Upload Document
1	SIGNATURE ADDENDUM	<div>Signature_Addendum.docx Download Delete</div> <div>Extra_Notes_for_DUA.docx Download Delete</div>	<div>Upload Documents</div>

Done

1. The document displays in the **Upload Documents** table.
2. Select the **Upload Documents** button to select additional files from your local computer if needed.
3. Select the **Done** button.

DUA Requester – Update/Amend

Edit DUA: Add Comments

EXISTING DATA FILE DESCRIPTIONS

Edit

Data File Description	From Year	To Year	
PDE22 - 20% PRESCRIPTION DRUG EVENT DATA	2010	2018	
PDE24 - 40% PRESCRIPTION DRUG EVENT DATA (10+ VARIABLES)	2010	2018	
PDECFS - 5 % PART D CHARACTERISTICS FILES	2010	2018	

Showing 1 to 3 of 3 entries

RE-USE DATA FILE DESCRIPTIONS

Edit

Data File Description	From Year	To Year		
PDE15 - 5% PRESCRIPTION DRUG EVENT DATA (1-15 VARIABLES)	RE-USE	2010	2018	
XWALK7 - OCW BENE ID TO SSN CROSSWALK FILE	RE-USE	2010	2014	

Showing 1 to 2 of 2 entries

NEW DATA FILE DESCRIPTIONS

Edit

Data File Description	From Year	To Year	
LABCAR - CLINICAL DIAGNOSTIC LAB FEE SCHEDULE CARRIER FILE	2010	2018	
LABNAT - CLINICAL DIAGNOSTIC LAB FEE SCHEDULE NATIONAL FILE	2010	2018	

Showing 1 to 2 of 2 entries

DOCUMENTS

Edit

Document	Uploaded Files
1. SIGNATURE ADDENDUM	Signature_Addendum.docx Download Extra_Notes_for_DUA.docx Download

Comments :

2000 characters remaining (2000 maximum)

Save Cancel Update Previous Next

1. All updates of the DUA are complete.
2. Enter any applicable **Comments** (optional).
3. Select the **Next** button.

DUA Requester – Update/Amend

Edit DUA: Terms and Conditions

Update DUA Request

DUA Number : CONT-2018-54153

TERMS & CONDITIONS

This Agreement governs the requesting organization's ("you/your") receipt and use of data from the Centers for Medicare & Medicaid Services ("CMS"), a component of the U.S. Department of Health and Human Services ("HHS"). This Agreement covers the CMS data files you requested and the corresponding purposes for their use, as specified in the Enterprise Privacy Policy Engine ("EPPE") system.

CMS agrees to provide you with the data files specified in the DUA Request, which reside in a CMS Privacy Act System of Records ("SOR"). In exchange, you agree to: (a) pay any applicable fees; (b) use the data only for purposes that support your study, research, or project, as specified in the DUA Request; which CMS has determined to be valuable in helping CMS monitor, manage, and improve the Medicare and Medicaid programs and/or services provided to beneficiaries; and (c) to ensure the integrity, security, and confidentiality of the data by complying with the terms of this Agreement and any applicable laws, including the Privacy Act (5 U.S.C. 552a) and Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) (45 C.F.R. Subpart C, Parts 160 and Part 164, Subparts A and E). This Agreement is intended to: (a) secure data that reside in a CMS Privacy Act SOR; (b) ensure the integrity, security, and confidentiality of information maintained by CMS; and (c) permit appropriate disclosure and use of such data as permitted by law.

1. This Agreement addresses the conditions under which CMS will release and you will obtain, use, reuse, and disclose the CMS data files specified in the DUA Request. This Agreement also pertains to and covers any derivative files which may contain direct individual identifiers or elements that can be used in concert with other information to identify individuals. For all data released under this Agreement, the legal clauses contained herein supersede any and all agreements between you and CMS, and preempt and overrides any instructions, directions, agreements, or other understandings pertaining to any grant award or prior communication with HHS (or any of its components).

The terms of this Agreement can be changed only by a written modification to this Agreement or through adoption of a new agreement. Any instructions or interpretations issued to you concerning this Agreement or the data specified in the DUA Request are not considered valid unless issued in writing by the appropriate CMS representative associated with the project (e.g. Contracting Officer's Representative/Government Task Leader, Program Officer, System Manager, etc.).

2. You agree that CMS retains all ownership rights to the data files specified in the DUA Request, and that you do not obtain any right, title, or interest in any of the data released by CMS.

3. You represent that the data files covered by this Agreement will be used solely for the purposes described in the DUA Request. In releasing the data files, CMS relies upon such representation.

You represent that the facts and statements made in any study, research protocols, or project plans listed in the DUA Request are complete and accurate. You also represent that said study protocols or project plans, which have been approved by CMS or another appropriate entity as CMS may determine, represent the total uses for which you will use the released data files.

You agree not to disclose, use, or reuse the data covered by this Agreement, except: (a) as specified in an Attachment uploaded to the DUA Request; (b) as authorized by CMS; or (c) as otherwise required by law. You also agree not to sell, rent, lease, loan, or otherwise grant access to the data covered by this Agreement, unless you receive express permission from CMS.

You affirm that the requested data is the minimum necessary to achieve the purposes covered by this Agreement. You agree that, within your organization and the organization of your agents, access to the data covered by this Agreement shall be limited to the minimum amount of data and minimum number of individuals necessary to achieve the specified purposes (i.e., individual's access to the data will be on a need-to-know basis).

4. You agree that you may retain the files covered by this Agreement as well as any derivative files—including those that directly identify individuals, or that directly identify adding firms and/or such firms' proprietary, confidential, or specific bidding information, which in concert with other information can be used to identify individuals—until the End Date specified in the DUA Request. If the purposes covered by this Agreement are completed before the specified End Date, you agree to notify CMS within 30 days of completion of those purposes. Upon such notice or the End Date, whichever occurs sooner, you agree to destroy the data in your possession covered by this Agreement and provide certification of disposition of the files identified in the EPPE system within 30 days. You agree not to retain the files covered by this Agreement or any parts of the files after the notice of disposition, unless the appropriate CMS representative overseeing the project grants written authorization. You acknowledge that the End Date is not contingent on any action by CMS.

You understand that you, or CMS, may terminate this Agreement at any time, for any reason, upon 30 days written notice. Upon notice of termination, CMS will cease releasing the requested data files to you, and will notify you to destroy any data files in your possession. Sections 2, 3, 4, 6, 7, 8, 9, 11, 12, and 13 shall survive termination of this Agreement.

5. You agree to establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. The safeguards shall provide a level and scope of security that is not less than the level and scope of security requirements established by the following documents:

Office of Management and Budget (OMB), "OMB Circular No. A-130, Appendix III—Security of Federal Automated Information Resources," available at https://www.whitehouse.gov/omb/circulars_a130_a130appendix_iii

National Institute of Standards and Technology (NIST), "Federal Information Processing Standards Publication 200—Minimum Security Requirements for Federal Information and Information Systems," available at <http://csrc.nist.gov/publications/fips/fips200/FIPS-200-final-march.pdf>

National Institute of Standards and Technology (NIST), "Special Publication 800-63—Security and Privacy Controls for Federal Information Systems and Organizations," available at <http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-63-3.pdf>

CMS Office of Information Services, "Accessible Risk Safeguards, Appendix B—CMSR Moderate Impact Level Data," available at http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/ARS_App_B_CMSR_Moderate.pdf

You acknowledge that the use of unsecured telecommunications, including the Internet, to transmit individually identifiable, either identifiable, or deducible information derived from the files covered by this Agreement is prohibited. You also agree that the data must not be physically moved, transmitted, or disclosed in any way from or by the site indicated in the DUA Request without written approval from CMS, unless such movement, transmission, or disclosure is required by law.

6. You agree to grant physical and/or electronic access to authorized representatives of CMS and/or HHS Office of the Inspector General ("OIG") for inspection of the site indicated in the DUA Request to confirm compliance with the terms of this Agreement.

7. You agree not to disclose direct findings, listings, or information derived from the files covered by this Agreement with or without identifiers if such findings, listings, or information can by themselves or in combination with other data be used to deduce an individual's identity. Examples of such data elements include, but are not limited to geographic location, age if 18 or less, diagnosis and procedure, admission/discharge dates, or date of death.
- You agree that any use of CMS data in the creation of any document (e.g. manuscript, letter, chart, study, report, etc.) concerning the purposes covered by this Agreement—regardless of whether the written product expressly refers to those purposes, CMS, the requested data files, or any data derived from such files—must adhere to CMS' current cell size suppression policy. This policy stipulates that no cell (e.g. admission, discharge, patients, services, etc.) 10 or less may be displayed. Also, no use of percentages or other mathematical formulas may be used if they result in the display of a cell 10 or less. You agree to abide by these rules, and therefore, will not be required to submit any written documents for CMS review. If you are unsure whether you meet the above criteria, you may submit your written protocols for CMS review. CMS may withhold approval for publication until it determines that the format in which data are presented may result in identification of individual beneficiaries.
8. You agree that, absent express written authorization from the appropriate CMS representative associated with the project to do so, you shall not attempt to link records included in the files covered by this Agreement to any other individually identifiable source of information. This includes attempts to link the specified data to other CMS data files, CMS approval of study, research, or project protocols covered by this Agreement that include instruction for the linkage of specific files, constitutes express authorization from CMS to link files, but only in the manner described in the protocols.
9. You understand and agree that you may not reuse original and/or derivative data files without prior written approval from the appropriate CMS representative associated with the project.
10. You agree that the Attachments uploaded electronically to the DUA Request are incorporated into this Agreement.
11. You agree that, in the event CMS determines or reasonably believes that you have made or may have made an unauthorized use, reuse, or disclosure of the files covered by this Agreement or another written authorization from the appropriate CMS representative associated with the project, then CMS, at its sole discretion—may require you to: (a) promptly investigate and report to CMS any of your observations regarding all alleged or actual unauthorized use, reuse, or disclosure; (b) promptly resolve any problems identified by the investigation; (c) if requested by CMS, submit a formal response to any allegations of unauthorized use, reuse, or disclosure; (d) if requested by CMS, submit a corrective action plan with steps designed to prevent any future unauthorized uses, reuses, or disclosures; and/or (e) if requested by CMS, return or destroy the data files covered by this Agreement to CMS, as well as any derivative files containing information from the files released under this Agreement. You understand that as a result CMS' determination or reasonable belief that unauthorized uses, reuses, or disclosures have taken place, CMS may determine a period of time during which you are excluded from access to CMS data.
- You agree to report any breach, loss, or unauthorized disclosure of protected health information (PHI) and/or personally identifiable information (PII) from the CMS data files covered by this Agreement to the CMS Action Desk by telephone at (410) 786-2680 or by email notification at ams_i_t_service_notifications@cms.gov within 1 hour and to cooperate fully in the federal security incident process. While CMS retains all ownership rights to the data files, as outlined above, you agree to bear the cost and liability for any breaches of PHI and/or PII from the data files while they are entrusted to you. Furthermore, if CMS determines that the loss or failure requires notification of affected individual persons regarding the security breach and/or other remedies, you agree to carry out these actions without cost to CMS.
12. You acknowledge that criminal penalties under Section 1106(a) of the Social Security Act (42 U.S.C. § 1106(a)), including a fine not exceeding \$10,000 or imprisonment not exceeding 5 years, or both, may apply to disclosures of information that are covered by Section 1106 and that are not authorized by regulation or by federal law. You further acknowledge that criminal penalties under the Privacy Act (5 U.S.C. § 552a(a)(3)) may apply if it is determined that the Responsible Official, or any individual employed or affiliated therewith, knowingly and willfully obtained the files under false pretenses. Any person found to have violated the aforementioned section of the Privacy Act shall be guilty of a misdemeanor and fined not more than \$5,000. Finally, you acknowledge that criminal penalties may be imposed under 18 U.S.C. § 641 if it is determined that you or any individual employed or affiliated therewith, has taken or converted the data files to their own use, or incited the data knowing that the files had been stolen or converted. Under such circumstances, they shall be fined under Title 18 or imprisoned not more than 10 years, or both, but if the value of such property does not exceed the sum of \$1,000, they shall be fined under Title 18 or imprisoned not more than 1 year, or both.
- You acknowledge that in the event of a breach of this Agreement, additional criminal, civil, and/or administrative penalties, assessments, or fines may be determined as applicable by law.
13. By clicking "Agree," you attest that you are authorized to legally bind the requesting organization listed in the DUA Request, and agree to all the terms specified herein. Furthermore, you agree to abide by all provisions set out in this Agreement and acknowledge having received notice of potential criminal, civil, and/or administrative penalties for violation of the terms of this Agreement.

☒ I agree to the terms and conditions above.

[Previous](#) [Submit](#)

1. The Terms and Conditions agreement screen displays (shown in 2 parts for legibility).
2. Select the **I agree to the terms and conditions above** check box.
3. Use your browser to print (if applicable).
4. Select the **Submit** button.

DUA Requester – Update/Amend

Edit DUA: Submitted Message

Update DUA Request [Print DUA](#)

DUA Number: CONT-2018-04100

DUA REQUEST STATUS

Your DUA request CONT-2018-04100 has been submitted for approval. You will receive a follow-up email notification. To view the status of your DUA request, navigate to "My DUA's".

DUA Life Cycle

MAIN INFORMATION

DUA Number: CONT-2018-04100
DUA Container Type: CONTAINER
DUA Category: 40 - CORP REQUESTOR
DUA Requester Type: CUP4070-DUA
DUA Status: Submitted
Expiration Date: 06-30-2019
Requester Date: 02-27-2018
Requester: Sarah Hensley
Requester's Email: sarah.hensley@ncsu.edu
Requester's Phone Number: (919) 555-1212
Last Modified By: [User]
Organization Name: ACCESS TO EDUCATIONAL RECORDS SUPERVISORY
Project Name: [Project Name]
DUA Contact (CORP): [Contact Name]
First Name: [First Name]
Last Name: [Last Name]
Email Address: sarah.hensley@ncsu.edu
Phone Number: (919) 555-1212
Contract Information:
Contract Number: CONT-1234
Task Order Number: TOS-123456
Contract Period - Start Date: 01-01-2017
Contract Period - End Date: 06-30-2018

CUSTOMER/ISSY USERS

First Name	Last Name	Organization
John	Doe	NORTH CAROLINA STATE UNIVERSITY

Showing 1 to 1 of 1 entries

EXISTING DATA FILE DESCRIPTIONS

Data File Description	From Year	To Year	Status
FILE 01 - 2018 PRE-REQUISITE COURSE SEVERE DATA	2018	2018	✓
FILE 02 - 2018 PRE-REQUISITE COURSE SEVERE DATA (EXC. UNCLASSIFIED)	2018	2018	✓
FILE 03 - 2018 PRE-REQUISITE COURSE SEVERE DATA (EXC. UNCLASSIFIED)	2018	2018	✓

Showing 1 to 3 of 3 entries

REL-USE DATA FILE DESCRIPTIONS

Data File Description	From Year	To Year	Status
FILE 01 - 2018 PRE-REQUISITE COURSE SEVERE DATA (EXC. UNCLASSIFIED)	2018	2018	✓
FILE 02 - 2018 PRE-REQUISITE COURSE SEVERE DATA (EXC. UNCLASSIFIED)	2018	2018	✓

Showing 1 to 2 of 2 entries

NEW DATA FILE DESCRIPTIONS

Data File Description	From Year	To Year	Status
UNCLASS - CURRENT CONSENTED LINE FOR SCHEDULE NATIONAL FILE	2018	2018	✓
UNCLASS - CURRENT CONSENTED LINE FOR SCHEDULE NATIONAL FILE	2018	2018	✓

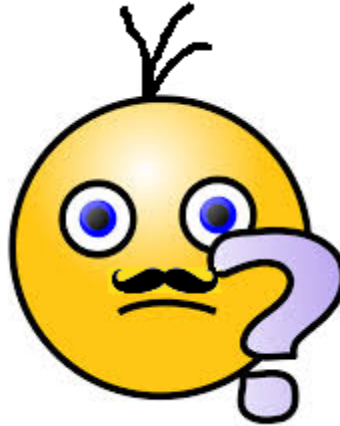
Showing 1 to 2 of 2 entries

DOCUMENTS

Document	Uploaded File
1. INFORMATIONAL ATTACHMENT	Informational Attachment Document (File Name: Info_Attach_Document)

1. The confirmation message displays.
2. Select the **Print DUA** button to print or save the DUA as a PDF.
3. Select the **green plus sign** icon to view the **DUA Life Cycle**.
4. The DUA can be viewed in the **Submitted** queue.
5. The DUA will need to be reviewed and **Approved** by the **COR** and then **Certified** by the **DMT** before it displays in the **Approved** queue.

DUA Requester – Help



EPPE Help Desk Contact Information

Hours of Operation: Monday – Friday 9:00 AM to 6:00 PM EST

844-EPPE-DUA (844-377-3382)

eppe@cms.hhs.gov