Instructions for completing the Contractor DUA Signature Addendum

All Data Use Agreements (DUA) requests must include a completed Signature Addendum when adding a data user on a DUA.

General Instructions

1. Answer every item in the document.
2. Do not alter the layout or content of the document.
3. Upload a signed copy of the Contractor DUA Signature Addendum when adding a user to your DUA in EPPE.

Specific Instructions

A

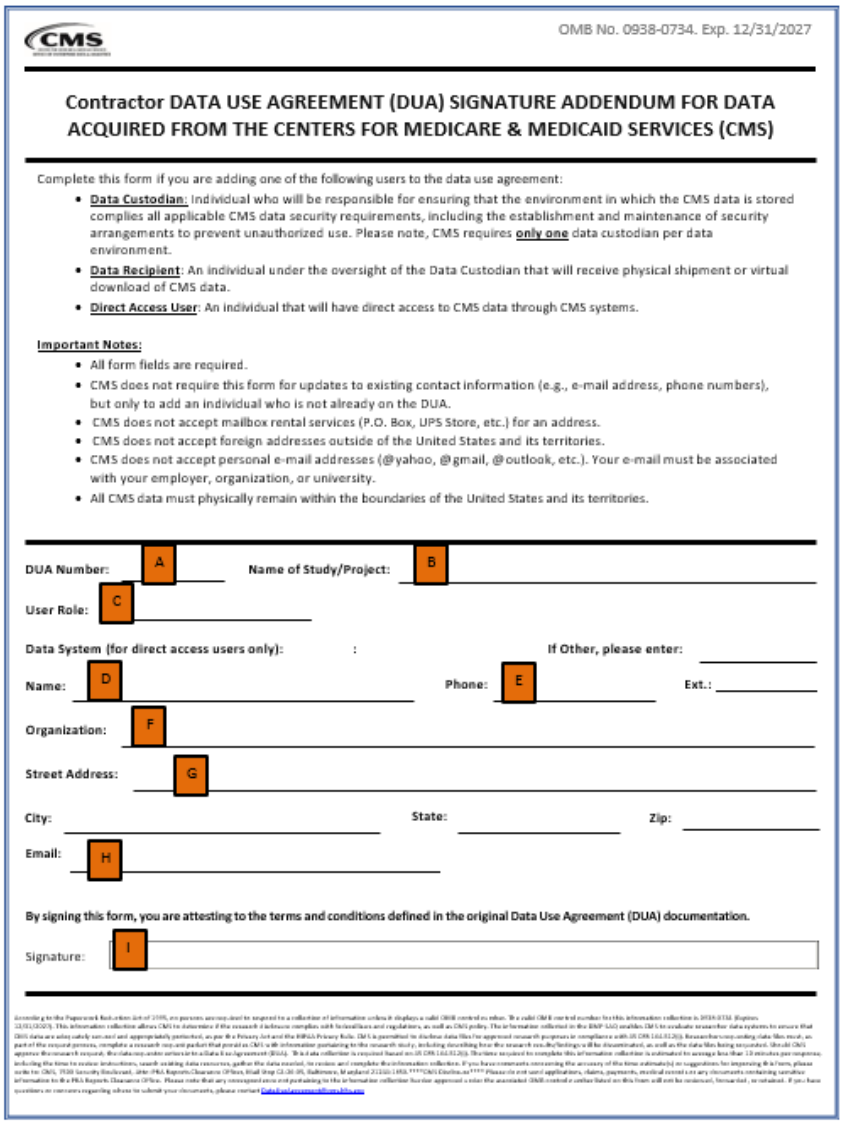
Enter the DUA number.

B

Enter the exact Project Name.

C

Select the user role from the drop-down menu. The definitions of the roles are listed on the form.



OMB No. 0938-0734. Exp. 12/31/2027

Contractor DATA USE AGREEMENT (DUA) SIGNATURE ADDENDUM FOR DATA ACQUIRED FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Complete this form if you are adding one of the following users to the data use agreement:

- **Data Custodian:** Individual who will be responsible for ensuring that the environment in which the CMS data is stored complies all applicable CMS data security requirements, including the establishment and maintenance of security arrangements to prevent unauthorized use. Please note, CMS requires **only one** data custodian per data environment.
- **Data Recipient**: An individual under the oversight of the Data Custodian that will receive physical shipment or virtual download of CMS data.
- **Direct Access User**: An individual that will have direct access to CMS data through CMS systems.

Important Notes:

- All form fields are required.
- CMS does not require this form for updates to existing contact information (e.g., e-mail address, phone numbers), but only to add an individual who is not already on the DUA.
- CMS does not accept mailbox rental services (P.O. Box, UPS Store, etc.) for an address.
- CMS does not accept foreign addresses outside of the United States and its territories.
- CMS does not accept personal e-mail addresses (@yahoo, @gmail, @outlook, etc.). Your e-mail must be associated with your employer, organization, or university.
- All CMS data must physically remain within the boundaries of the United States and its territories.

DUA Number: A Name of Study/Project: B

User Role: C

Data System (for direct access users only): : If Other, please enter: _____

Name: D Phone: E Ext.: _____

Organization: F

Street Address: G

City: _____ State: _____ Zip: _____

Email: H

By signing this form, you are attesting to the terms and conditions defined in the original Data Use Agreement (DUA) documentation.

Signature: I

D

Enter the legal first and last name of the user.

E

Enter the user's phone number.

F

Enter the legal name of the user's organization.

G

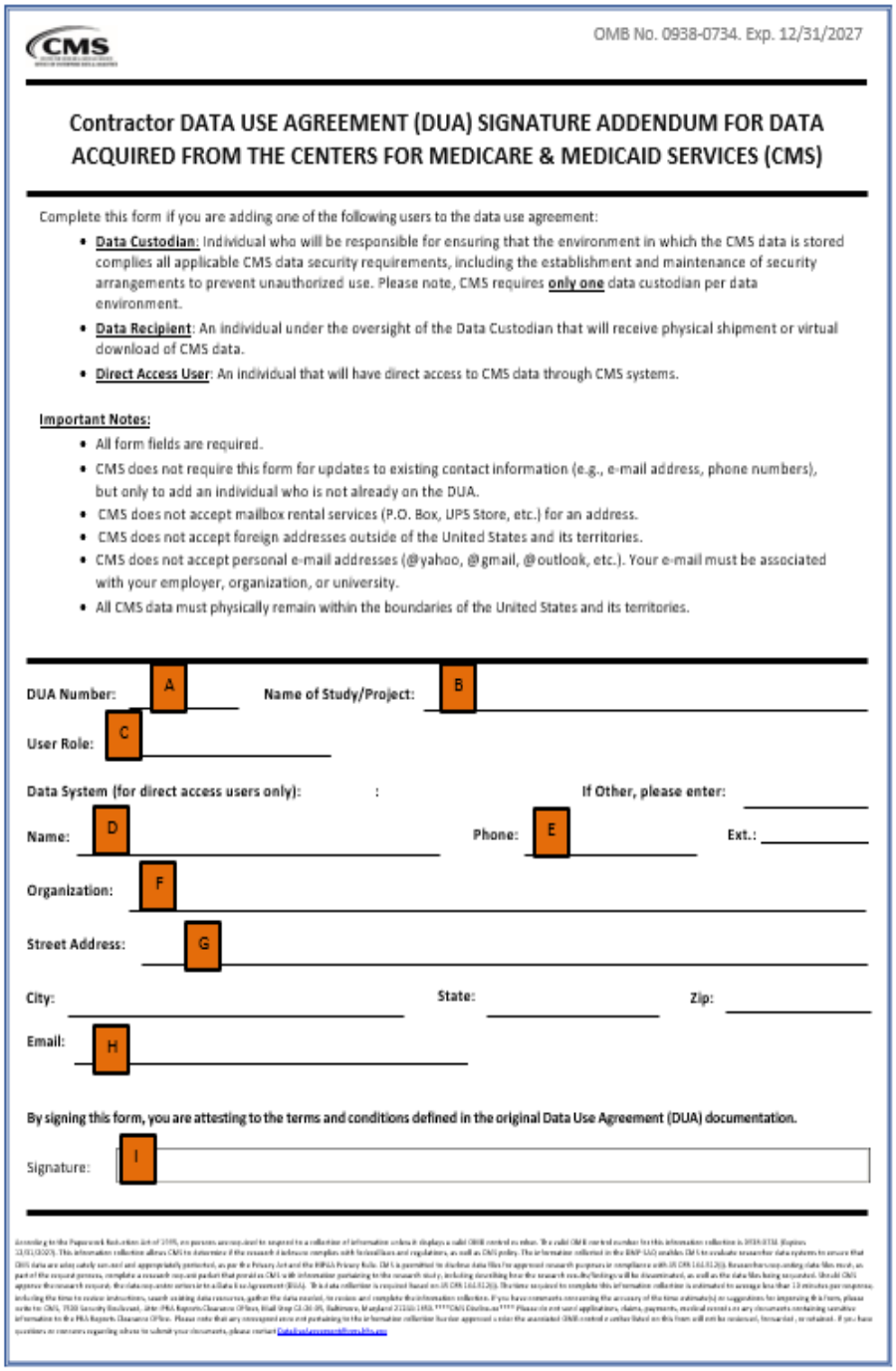
Enter the physical address for the user. CMS does not accept a P.O. box or foreign address.

H

Enter the user's email address associated with an employer, organization, or university. CMS will not accept personal email addresses (e.g., gmail.com or hotmail.com).

I

The user must sign the form here. CMS prefers digital signatures.



CMS

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