

**RESEARCH IDENTIFIABLE FILE (RIF) AND LIMITED DATA SET (LDS) DATA USE AGREEMENT: EXTENSION REQUEST**

**GENERAL INSTRUCTIONS**

The Health Insurance Portability and Accountability Act (HIPAA) allows data disclosure for research, which is defined as a “systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge” [45 C.F.R. § 164.501]. To request an extension to a DUA, publication information must be provided to CMS.

<b>DUA Requester</b>	
<i>Must match the individual specified in the DUA.</i>	
<b>Requesting Organization</b>	
<i>Must match the organization specified in the DUA.</i>	
<b>Study Title</b>	
<i>Must match the study title specified in the DUA</i>	
<b>DUA #</b>	
<i>CMS assigned DUA number</i>	

**REQUIREMENTS TO EXTEND DUA**

1. Current DUA Expiration Date \_\_\_\_\_ Requested DUA Expiration Date \_\_\_\_\_  
 (No more than one year from current expiration date)  
 Anticipated Study End Date \_\_\_\_\_
2. Have you publicly disseminated findings from your analysis in the past year?  
*Please check one.*  
 Yes, answer #3  
 No, answer #4
3. If you answered “Yes” on #2, (a) provide a link or citation to where your research is published and (b) describe why you continue to need access to CMS data under this DUA to conduct research:

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. The valid OMB control number for this information collection is 0938-0734 (Expires 12/31/2027). This information collection allows CMS to determine if the research disclosure complies with federal laws and regulations, as well as CMS policy. The information collected in the DMP SAQ enables CMS to evaluate researcher data systems to ensure that CMS data are adequately secured and appropriately protected, as per the Privacy Act and the HIPAA Privacy Rule. CMS is permitted to disclose data files for approved research purposes in compliance with 45 CFR 164.512(i). Researchers requesting data files must, as part of the request process, complete a research request packet that provides CMS with information pertaining to the research study, including describing how the research results/findings will be disseminated, as well as the data files being requested. Should CMS approve the research request, the data requestor enters into a Data Use Agreement (DUA). This data collection is required based on 45 CFR 164.512(i). The time required to complete this information collection is estimated to average less than 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete 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, Maryland 21244-1850.\*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact DataUseAgreement@cms.hhs.gov

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- 4. If you answered “No” on #2, (a) provide information on why you haven’t publicly disseminated findings from your research in the past year and (b) describe your plans to publish findings within the next year

**ATTESTATIONS**

- 1. We are still using this data as originally requested for our Project/Study.
- 2. In accordance with the terms and conditions of the DUA, we understand that the data for this DUA may not be used in any form, or for any additional work, outside the scope of this DUA without the expressed written consent of CMS.
- 3. I have reviewed the contact information on the DUA and submitted necessary updates.
- 4. We request a one (1) year [or less, if applicable] extension for the DUA number listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date