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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
OFFICE OF ENTERPRISE DATA & ANALYTICS

Limited Dat Set (LDS) 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.

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: _____ **Name of Study/Project:** _____

User Role: _____

Name: _____ **Phone:** _____ **Ext.:** _____

Organization: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

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

Signature: _____

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 10 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