Instructions for completing the Limited Data Set (LDS) DUA Signature Addendum

All LDS Data Use Agreement (DUA) requests must include a completed LDS DUA Signature Addendum when adding a 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 DUA Signature Addendum to EPPE.

Specific Instructions

A

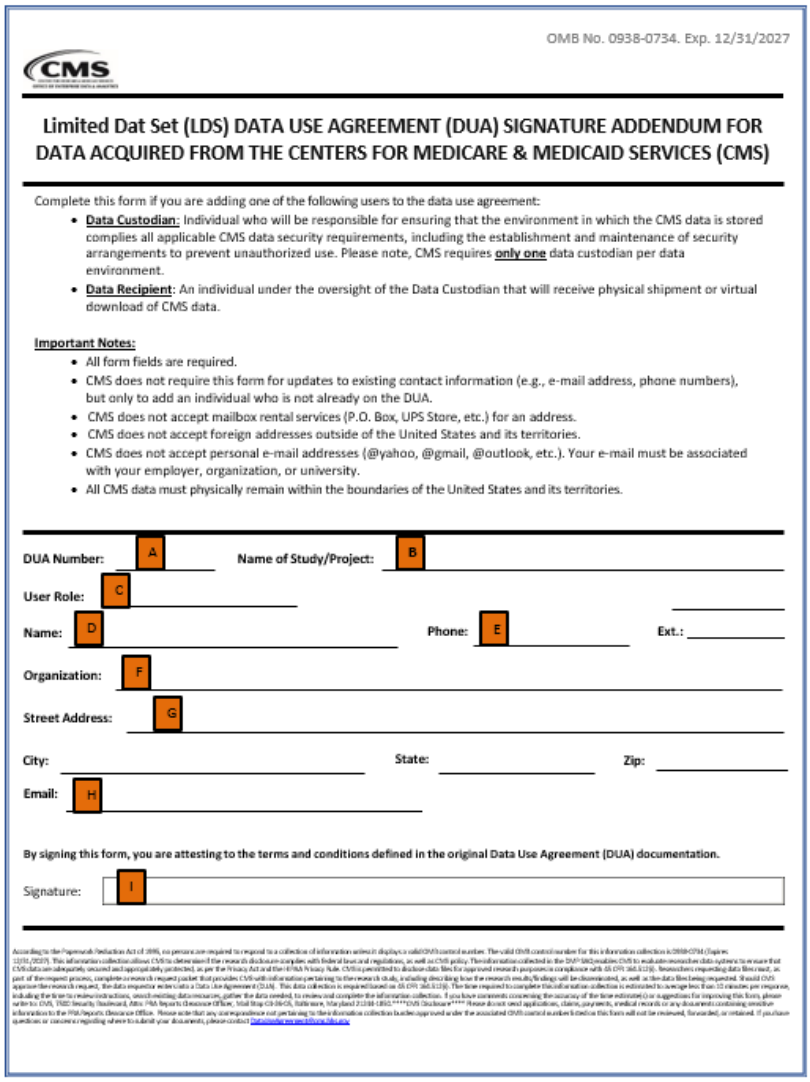
Enter your DUA number. The DUA number is generated from the EPPE system.

B

Enter the exact Study Title listed in EPPE.

C

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



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

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: A Name of Study/Project: B

User Role: C

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

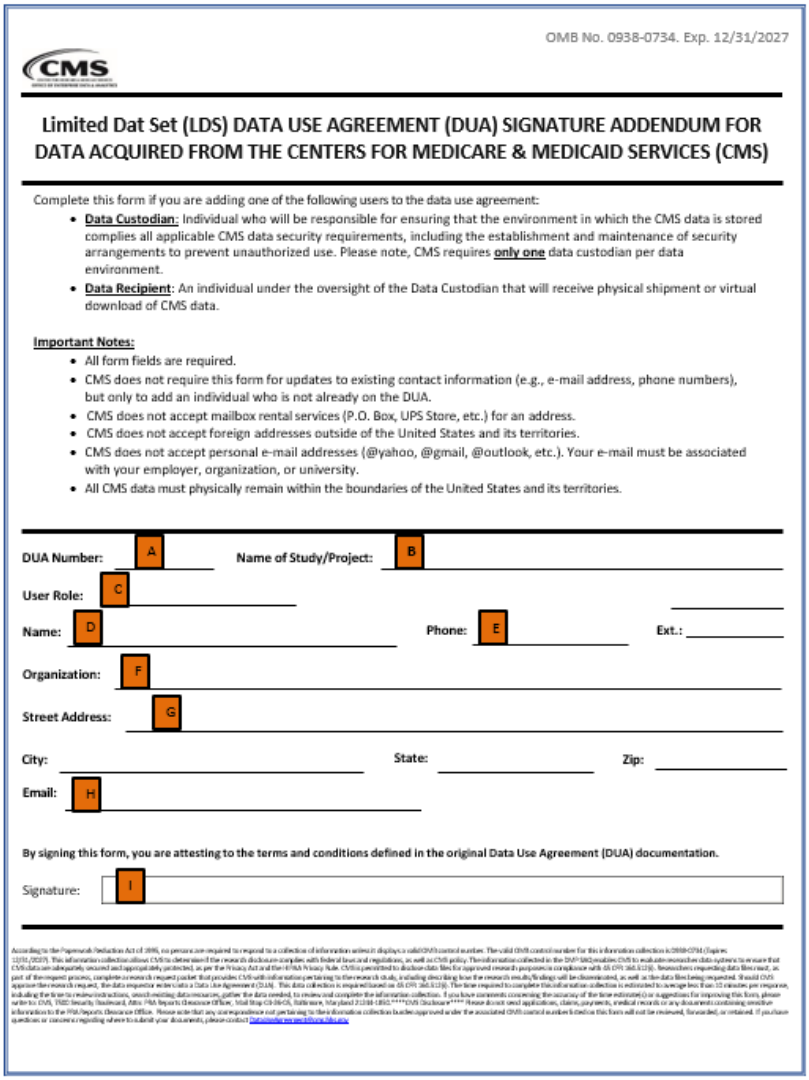
Enter the physical address for the user. CMS will not accept a P.O. box or foreign address.

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.
CMS prefers digital signatures.



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CMS

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