

## DATA USE AGREEMENT UPDATE TO EXISTING DATA USE AGREEMENT

EXISTING DUA #

### AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA

This agreement is needed as part of the review of your data request to ensure compliance with the requirements of the Privacy Act, and must be completed prior to the release or use of specified data files.

1. Requestor Organization

2. Name of Study/Project

CMS Contract Number *(if applicable)*

3. The following CMS data file(s) is/are covered under this Agreement.

File	Year(s)	System of Record <i>(to be completed by CMS Staff)</i>

4. On behalf of the user the undersigned individual hereby attests that he or she is authorized to legally bind the user to the terms of the existing agreement and agrees to all the terms specified herein.

Type or Print Name of Requesting Individual

Signature	Date
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5. On behalf of CMS the undersigned individual hereby attests that he or she is authorized to enter into this Agreement and agrees to all the terms specified herein.

Type or Print Name and Title of CMS Representative

Signature	Date		Date	System Name
Signature of CMS System Manager or Business Owner <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	Date		Date	System Name
Signature of CMS System Manager or Business Owner <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	Date		Date	System Name
Signature of CMS System Manager or Business Owner <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcur	Date		Date	System Name