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## DATA USE AGREEMENT (DUA) SIGNATURE ADDENDUM FOR RESEARCH IDENTIFIABLE FILES ACQUIRED FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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Please complete this form, if you are adding or replacing a contact to a Data Use Agreement (DUA) for a:

- **Data Custodian:** Individual who will be responsible for ensuring that the environment in which the CMS data is stored complies with all applicable CMS data security requirements, including the establishment and maintenance of security arrangements to prevent unauthorized use. CMS requires **only one** custodian per DUA.
- **Virtual Research Data Center (VRDC) Seat Holder:** Individual who has access to the CMS data per the DUA through the CMS VRDC.

### Important Notes:

- All fields are required.
- We do **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.
- We do not accept P.O. Boxes for an address.
- We do not accept foreign addresses outside of United States' territories
- We do not accept personal e-mail addresses (@yahoo, @gmail, @outlook, etc.). Your e-mail must be associated with your employer, organization, or university.

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DUA Number: \_\_\_\_\_ User Role: \_\_\_\_\_

Study Title: \_\_\_\_\_

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).**

Signature:

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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. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review 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, Md. 21244-1850.