
**DATA USE AGREEMENT (DUA) CERTIFICATE OF DISPOSITION (COD) for Data Acquired from the
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

This certificate is to be completed and submitted to CMS to certify the destruction/discontinued use of all CMS data covered by the listed Date Use Agreement (DUA). This includes any and all original files, copies made of the files, any derivatives or subsets of the files and any manipulated files. The requester may not keep any copies, derivatives or manipulated files – all files must be destroyed or properly approved for continued use under another DUA. CMS will close the listed DUA upon receipt and review of this certificate.

Directions for the completion of the certificate:

- Item # 1 Provide the Requestor's Organization
- Item # 2 Provide the DUA #
- Item # 3 Initial and complete as applicable regarding the disposition of the DUA
- Item # 4 List exactly as identified in the DUA all original files and applicable years that were requested under this DUA.
- Item # 5 Fill in the DUA #
- Item # 6 Print name of individual signing the form
- Item # 7 Signature (must be individual listed in item # 6)
- Item # 8 Date signed
- Item # 9 Phone # of individual signing the form
- Item # 10 E-mail address of individual signing the form
- Item # 11 (optional) Alternate point of contact name, phone # and e-mail address

Please sign and send this form as a .pdf scanned attachment in an email to DataUseAgreement@cms.hhs.gov or mail to:

Centers for Medicare & Medicaid Services
Director, Division of Information Security & Privacy Management,
OIS-EASG,
Mailstop N1-24-08,
7500 Security Boulevard,
Baltimore, Maryland 21244-1850

Please visit our web site at <http://cms.hhs.gov/privprotecteddata>

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 **0938-1046**. The time required to complete this information collection is estimated to average **5 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, Maryland 21244-1850.

**DATA USE AGREEMENT (DUA) CERTIFICATE OF DISPOSITION (COD) for Data Acquired from the
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

1. Requestor's Organization _____ DUA # _____

3. Initial only one item below:

- a. _____ All originally requested files and the copies, derivatives, subsets and manipulated files
(initial) have been approved _____ by CMS for re-use in DUA # _____
(date) (if more than one DUA, only list 1 DUA #)
- b. _____ Some originally requested files or copies, derivatives, subsets and/or manipulated files
(initial) have been approved for re-use by CMS in the DUA(s) per the attached separate sheet.
List the file(s) and year(s) (exactly as listed in the DUA), type of file(s) (e.g. original,
copies, derivatives, subsets and/or manipulated), date approved and re-use DUA #s.
- c. _____ All originally requested files and, as applicable, copies, derivatives, subsets and
(initial) manipulated files have been destroyed by all individuals who had access to, and from
all the computers/storage devices where the files were processed/stored in
accordance with the terms and conditions of the DUA.
- d. _____ None of the requested files were ever received/accessed.
(initial)

4. List exactly as identified in the DUA all original files and applicable years that were requested under this DUA.

File(s)	Year(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. By signing this Certificate, I confirm that **ALL** data requested under DUA # _____ and, as applicable, copies, derivatives, subsets and manipulated files have been properly disposed of as indicated by my initials in section 3 above.

6. Printed Name _____ 7. Signature _____ 8. Date _____

9. Phone # _____ 10. E-mail address _____

11. (optional) Alternate point of contact Name, phone and e-mail address _____