
**DATA USE AGREEMENT (DUA) UPDATE for Data Acquired from the
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

EXISTING DUA # _____

1. The following additional CMS data files(s) are being requested under this Agreement.

<u>Files</u>	<u>Years</u>	<u>System of Record</u> (to be completed by CMS)

2. 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 therein.

a. Name of Individual

b. Company/Organization

c. E-Mail address

d. Street Address

e. City

f. State

g. Zip Code

h. Phone #

i. Signature of Individual

j. Date

For CMS Representative Completion/Approval

12. Name of (circle as applicable)

13. Signature

14. Date

CMS Project Officer / CMS Privacy Representative

Please sign and send this certificate as an email attachment 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 **0938-0734**. 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.