RESEARCH IDENTIFIABLE FILE (RIF)

AND LIMITED DATA SET (LDS)

DATA USE AGREEMENT:

EXTENSION

REQUEST

**GENERAL INSTRUCTIONS**

The Health Insurance Portability and Accountability Act (HIPAA) allows data disclosure for research, which is defined as a

“systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to

generalizable knowledge” [45 C.F.R. § 164.501].

To request an extension to a DUA, publication information must be

provided to CMS.

**DUA**

**Requester**

*n the DUA.*

*Must match the individual specified i*

**Requesting**

**Organization**

*Must match the organization specifie*

*d in the DUA.*

**Study Title**

*Must match the study title specified i*

*n the DUA*

**DUA #**

*C*

*M*

*S assigned DUA number*

**REQUIREMENTS TO EXTEND DUA**

**1.**

Current DUA Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested DUA Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(

No more than one year from current expiration date)

Anticipated Study End Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.**

Have you publicly disseminated findings from your analysis in the past year?

*Please check one.*

Yes, answer #3

No, answer #4

**3.**

If you answered “Yes” on #2, (a) provide a link or citation to where your research is published and (b) describe why you

co

ntinue to need access to CMS data under this DUA to conduct research

:

**Form continues on page 2.**

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| RESEARCH IDENTIFIABLE FILE (RIF) AND LIMITED DATA SET (LDS) DATA USE AGREEMENT: EXTENSION REQUEST  |

**4.** If you answered “No” on #2, (a) provide information on why you haven’t publicly disseminated findings from your research in the past year and (b) describe your plans to publish findings within the next year

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| **ATTESTATIONS**  |

 1. We are still using this data as originally requested for our Project/Study.
2. In accordance with the terms and conditions of the DUA, we understand that the data for this DUA may not be used in any form, or for any additional work, outside the scope of this DUA without the expressed written consent of CMS.
3. I have reviewed the contact information on the DUA and submitted necessary updates.
4. We request a one (1) year [or less, if applicable] extension for the DUA number listed above.

       Signature Date   2  |