

GENERAL**INSTRUCTIONS**

The Health Insurance Portability and Accountability Act (HIPAA) allows data disclosure for research, which is defined as an investigation, including research development, testing, and evaluation, designed to develop or generalize knowledge" [45 C.F.R. § 164.512(a)(2)]. A request for an extension to a DUA, publication information provided to CMS.

DUA Request

Use match the individual the

Requester Organization DUA.

Do not match the organization the

Study DUA.

Title match the study title the

DUA modified i DUA

#5 assigned DUA number

REQUIREMENTS TO**EXTEND DUA**

1 Current DUA Expiration Date

Requested DUA Expiration Date

Anticipated Study End Date

(No more than one year from current expiration date)

2 Have you publicly disseminated findings from your analysis in

The past year?

Yes, answer

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 access to CMS data under this DUA to

conduct research

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

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

