## My Account > User Information

Your information will be used only to evaluate your application, fulfill your order, and to follow up in the event of a Data Use Agreement (DUA) violation. If you request State databases, your full application will be shared with each applicable State data organization.

Account Users Include:

- . Data Purchasers persons who purchase the data and to whom the data is sent. By default, data purchasers are also data custodians unless the data are formally transferred to another individual.
- · Data Custodians persons responsible for the security, use, and any potential misuse of the data.
- Data Users persons who use the purchased data with explicit permission from the Data Purchaser and/or Data Custodian.



## Note

The account holder takes full responsibility for complying with all terms of the Data Use Agreement. All contact information must be that of the account holder. The registered account holder name cannot be modified after account creation.

## User Information

Addresses

\* Required Information

Username:	Name of Registered User:
pam.owens@ahrq.hhs.gov	Dr. Pam Owens
Primary Email:*	Additional Email: Set As Primary
pam.owens@ahrq.hhs.gov	
Phone Number:*	Fax Number:
(301)-767-7123	
Are you a Student?*	
Yes	
Organization Affiliation:	
Organization Name:*	Title:*
Agency for Healthcare Research and Quality	Director, Division of Healthcare Cost and Utilization Project
Organization Type:*	Ownership of Organization:*
Government agency (Federal/State/Local)	Not-for-profit/Government 🗸
	Paret Cave