
DATA USE AGREEMENT (DUA) SIGNATURE ADDENDUM FOR DATA ACQUIRED FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

Please complete this form, if you are adding or updating contact information for a:

- **Requestor:** The person authorized to legally bind their organization to the terms specified in the DUA. Please note there can only be **one** Requestor on each DUA.
- **Custodian:** Individual(s) who will have actual possession of the CMS data files, and who will be responsible for observance of all conditions of use, including the establishment and maintenance of security arrangements to prevent unauthorized use. Please note, CMS requires at least **one** custodian per organization, exceptions include:
 - All individuals that require DESY/IDR or CCW VRDC access need to be listed as Custodians on the DUA
 - All individuals to which data will be shipped need to be listed as Custodians on the DUA
 - Individuals from the contractor organization who will be submitting DUA changes through their CMS COR need to be listed on the DUA
 - All individuals who will have direct, unsupervised access (on site or VPN) to raw data, analytic files, or output with cell sizes less than 11 need to be listed as Custodians on the DUA.
- **Subcontracting/Collaborating Organization:** These are organizations that work with the Requesting organization but do not have possession of the data. For these organizations we do not add individual users to the DUA. We only add the organization information itself. *(If you are accessing the data via CCW VRDC, DESY, IDR, VPN, or directly on site please add the individual as a Custodian.)*

Important Notes:

- We do not accept P.O. Boxes for an address.
 - We do not accept personal e-mail addresses (@yahoo, @gmail, @outlook, etc.). Your e-mail must be associated with your employer, organization, or university.
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DUA Number: _____ Project Name: _____

User Role: _____ Do you need this data shipped directly to you, from CMS? _____

Will you access this data via the DESY/IDR system? * _____ If yes, what is your EUA User ID: _____

Name: _____ Phone: _____ Ext.: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Signature: _____

*Please note the DESY/IDR option is for Contractor DUAs only.

If applicable, your Contracting Officer Representative (COR)/Government Task Lead (GTL).

Name: _____ Signature: _____

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 10 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, Md. 21244-1850.