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

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The following individual(s) requests access to CMS data. Their signature(s) attest to their agreement with the terms and conditions defined in the original documentation for Data Use Agreement (DUA) \_\_\_\_\_ or for new DUA study/project name \_\_\_\_\_.

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Part A

- |                             |   |             |            |
|-----------------------------|---|-------------|------------|
| 1. Name of Individual       | 2. Individual's role(circle all applicable)<br>Requester / Custodian / Recipient / IDR / DESY |             |            |
| 3. Company/Organization     | 4. E-Mail address   |             |            |
| 5. Street Address           |   |             |            |
| 6. City                     | 7. State  | 8. Zip Code | 9. Phone # |
| 10. Signature of Individual |   | 11. Date    |            |
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Part B

- |                             |   |             |            |
|-----------------------------|---|-------------|------------|
| 1. Name of Individual       | 2. Individual's role(circle all applicable)<br>Requester / Custodian / Recipient / IDR / DESY |             |            |
| 3. Company/Organization     | 4. E-Mail address   |             |            |
| 5. Street Address           |   |             |            |
| 6. City                     | 7. State  | 8. Zip Code | 9. Phone # |
| 10. Signature of Individual |   | 11. Date    |            |
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For CMS Representative Completion/Approval

- |  |               |          |
|--|---------------|----------|
| 12. Name of (circle as applicable)<br>CMS Project Officer / CMS Privacy Representative | 13. Signature | 14. Date |
|--|---------------|----------|

**Please sign, scan and attach to an email and send to [DataUseAgreement@cms.hhs.gov](mailto: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.