

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

Must match the individual specified in the DUA.

Requesting Organization

Must match the organization specified in the DUA.

Study Title

Must match the study title specified in the DUA

DUA #

CMS 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 continue to need access to CMS data under this DUA to conduct research:

Form continues on page 2.



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- 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 _____