

# Instructions for completing the Contractor DUA Signature Addendum

**This document:** All Data Use Agreement (DUA) requests must include a completed DUA Signature Addendum if adding a data user on a DUA.

## General Instructions

1. Answer every item in the document.
2. Do not alter the layout or content of the document.
3. Upload a signed copy of the DUA Signature Addendum to EPPE.

## Specific Instructions

A

The DUA number is generated in EPPE when the DUA is created. Enter your DUA number if completing this form for an amendment request. If submitting a new request, leave blank.

B

Enter the exact Study Title/Project Name.

C

Select your user role from the drop-down menu. The definitions of the role are listed on the form.

*(Instructions continue on page 2)*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Complete this form if you are adding one of the following users to the data use agreement:

- **Data Custodian:** Individual who will be responsible for ensuring that the environment in which the CMS data is stored complies all applicable CMS data security requirements, including the establishment and maintenance of security arrangements to prevent unauthorized use. Please note, CMS requires only one data custodian per data environment.
- **Data Recipient:** An individual under the oversight of the Data Custodian that will receive physical shipment or virtual download of CMS data.
- **Direct Access User:** An individual that will have direct access to CMS data through CMS systems. This includes CCW VRDC seat holders.

#### Important Notes:

- All form fields are required.
- CMS does not require this form for updates to existing Requester or Data Custodian contact information (e.g., e-mail address, phone numbers), but only to add an individual who is not already on the DUA.
- CMS does not accept mailbox rental services (P.O. Box, UPS Store, etc.) for an address.
- CMS does not accept foreign addresses outside of the United States and its territories.
- CMS does not accept personal e-mail addresses (@yahoo, @gmail, @outlook, etc.). Your e-mail must be associated with your employer, organization, or university.
- All CMS data must physically remain within the boundaries of the United States and its territories.

DUA Number:	A	Name of Study/Project:	B
User Role:	C		
Data System (for direct access users only):	D	:	If Other, please enter: E
Name:	F	Phone:	G
		Ext.:	
Organization:	H		
Street Address:	I		
City:		State:	Zip:
Email:	J		

By signing this form, you are attesting to the terms and conditions defined in the original Data Use Agreement (DUA) documentation.

Signature: K

D

Select the data system you are accessing.

E

If accessing a data system other than the options provided, enter the system name here.

F

Enter the name of the contact being added on the DUA.

G

Enter the contact’s phone number.

H

Enter the exact legal name of the contact’s organization.

I

Enter a physical address for the contact. CMS will not accept a PO box or foreign address.

J

Enter the contact’s email address associated with an employer, organization, or university. CMS will not accept personal email addresses (e.g., gmail.com or hotmail.com).

K

The contact signs the document here. CMS prefers digital signatures on this form.

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

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  - All CMS data must physically remain within the boundaries of the United States of America.

DUA Number:  A Name of Study/Project:  B

User Role:  C

Data System (for direct access users only):  D : If Other, please enter:  E

Name:  F Phone:  G Ext.:

Organization:  H

Street Address:  I

City:  State:  Zip:

Email:  J

By signing this form, you are attesting to the terms and conditions defined in the original Data Use Agreement (DUA) documentation.

Signature:  K