## **DATA USE AGREEMENT UPDATE TO EXISTING DATA USE AGREEMENT**

EXISTING DUA #	
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## AGREEMENT FOR USE OF CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DATA

This :	agreemen	t is n	eeded as	part	of the rev	iew of	your	data 1	request	to en	sure o	compli	ance v	with tl	he re	equiren	nents
of the	e Privacy	Act,	and mus	t be	completed	prior	to the	relea	se or u	se of	speci	fied d	ata fil	es.			

of the Privacy Act, and must be completed prior to	the release or use o	f specified da	ta files.		
1. Requestor Organization					
2. Name of Study/Project					
CMS Contract Number (if applicable)					
3. The following additional CMS data files(s) are b	peing requested unde	r this Agreem	nent.		
File	Year(s)	System of Record (to be completed by CMS Staff)			
4. On behalf of the user the undersigned individual the user to the terms of the existing agreement a	•		_ ,		
Type or Print Name of Requesting Individual					
Signature			Date		
5. On behalf of CMS the undersigned individual he Agreement and agrees to all the terms specified	•	or she is autho	orized to enter into this		
Type or Print Name and Title of CMS Representative					
Signature			Date		
Signature of CMS System Manager or Business Owner  Concur Nonconcur		Date	System Name		
Signature of CMS System Manager or Business Owner  Concur Nonconcur		Date	System Name		
Signature of CMS System Manager or Business Owner  Concur Nonconcur		Date	System Name		

Form CMS-R-0235U (01/10)