**DATA PRIVACY SAFEGUARD PROGRAM**

**DATA MANAGEMENT PLAN SELF-ATTESTATION QUESTIONNAIRE (DMP SAQ) FOR**

**FEDERAL AGENCIES**

**PURPOSE:** *This form is for federal agencies requesting research data through the CMS Data Use Agreement (DUA) process who will be storing and processing the data within a system that has a current Authority to Operate (ATO) from your agency’s Authorizing Official. If any identifiable CMS data will be stored or processed in a system that does not have a federal ATO, you must complete the standard DMP SAQ.*

## **FEDERAL AGENCY INFORMATION**

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| **FEDERAL AGENCY NAME** | Click here to enter text. |
| **SYSTEM NAME** | Click here to enter text. |
| **FEDERAL AGENCY POINT OF CONTACT** **NAME** | Click here to enter text. |
| **FEDERAL AGENCY POINT OF CONTACT PHONE NUMBER** | Click here to enter text.  |
| **FEDERAL AGENCY POINT OF CONTACT EMAIL ADDRESS** | Click here to enter text. |

1. **DATA CUSTODIAN INFORMATION**

The Data Custodian is the individual who will be responsible for observance of all conditions of use, including the establishment and maintenance of security arrangements to prevent unauthorized use of the CMS data files. The Data Custodian should be the Information System Security Officer (ISSO) or equivalent assigned to the information system of the ATO.

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| **DATA CUSTODIAN NAME (If different from the Federal Agency Point of Contact)**  | Click here to enter text |
| **DATA CUSTODIAN PHONE NUMBER** | Click here to enter text |
| **DATA CUSTODIAN EMAIL ADDRESS** | Click here to enter text |

## **REQUIRED EVIDENCE**

Please provide the Authority to Operate (ATO) Letter(s) *(indicating authorizing official, date, date of expiration).*