



Research Identifiable File (RIF) 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 Recipient:** An individual under the oversight of the Data Custodian that will receive physical shipment or virtual download of CMS data.
- **VRDC Seat Holder:** An individual that will have direct access to CMS data through the Chronic Conditions Warehouse (CCW) Virtual Research Data Center (VRDC).

Important Notes:

- All form fields are required.
- CMS does not require this form for updates to existing 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: _____ Name of Study/Project: _____

User Role: _____

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

Name: _____ Phone: _____ Ext.: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

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

Signature: _____