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## DATA USE AGREEMENT (DUA) ADDENDUM for Data Acquired from the CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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The following individual(s) requests access to CMS data. Their signature(s) attest to their agreement with the terms and conditions defined in the original documentation for Data Use Agreement (DUA) \_\_\_\_\_ or for new DUA study/project name \_\_\_\_\_

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**Part A**      \_\_\_\_\_ **Requester**      \_\_\_\_\_ **Custodian**      \_\_\_\_\_ **Subcontractor**      \_\_\_\_\_ **Recipient**

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Signature \_\_\_\_\_

(if applicable) Courier name \_\_\_\_\_ Account number \_\_\_\_\_

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**Part B**      \_\_\_\_\_ **Requester**      \_\_\_\_\_ **Custodian**      \_\_\_\_\_ **Subcontractor**      \_\_\_\_\_ **Recipient**

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext \_\_\_\_\_

Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Signature \_\_\_\_\_

(if applicable) Courier name \_\_\_\_\_ Account number \_\_\_\_\_

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**Contracting Officer Representative (COR)/Government Task Lead (GTL) or CMS Privacy Staff**

Printed Name \_\_\_\_\_

Organization \_\_\_\_\_

Signature \_\_\_\_\_

Please send as an email attachment to [DataUseAgreement@cms.hhs.gov](mailto:DataUseAgreement@cms.hhs.gov), and see our website at [www.cms.gov/privacy](http://www.cms.gov/privacy)

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