

FOR NYSDOH USE:

Request Number _____

I, _____ agree to the following:

1. I am identified in the attached Application for SPARCS data as an individual who will use or have access to the provided information.
2. The data I may receive is confidential and is subject to strict limitations on disclosure delineated in Title 10 of the Official Compilation of Codes, Rules, and Regulations (NYCRR Title 10 §400.18). I am aware that no attempt may be made by me to identify specific individuals whose data has been received, except in those cases where the data supplied is to be used for legally-authorized surveillance of providers or utilization review, or where specific authorization has been given pursuant to NYCRR Title 10 §400.18.
3. I also acknowledge that I am aware of the following restrictions on use of any data to which I am granted access:
 - a. Access to the data will be granted only to the individual(s) who have signed Data Use Agreements on file with the New York State Department of Health;
 - b. Data will be used only for the purposes stated in the Summary of the Study Proposal and Project Activities;
 - c. The data is kept in a secure environment, and no data will be released or disclosed to any person or entity, or published in any manner whatsoever, without prior written approval pursuant to NYCRR Title 10 §400.18, nor secondary release under similar terms;
 - d. SPARCS data may not be matched or linked to any other data set containing elements deemed "identifying" by NYCRR Title 10 §400.18 and for which the user has not received explicit approval from the New York State Department of Health to access, including patient elements not collected by SPARCS but present in other data sets, such as name or social security number;
 - e. The applicant organization is required to destroy or return all SPARCS data at the time of expiration. A written request to extend this time period may be submitted to SPARCS for approval;
 - f. SPARCS may perform an on-site audit of the use and security of SPARCS information received and I will cooperate if requested in the event of such an audit;
 - g. Any publication or report produced by this organization and/or using this data will acknowledge the source of the data.

4. I am aware that any unauthorized disclosure of individually identifying or confidential information is prohibited by the Privacy Act of 1974 and by Title 18 §1905 of the U.S. Code. Additionally, I am aware that unauthorized disclosure of SPARCS information is prohibited under NYCRR Title 10 §400.18 and New York Public Health Law §12.
5. Furthermore, I understand that violations of these and any other disclosure guidelines are punishable by monetary fines, and that the Department of Health will prosecute to the fullest extent of applicable laws.

Date

Signature

Name (Printed)

Title

Organization

As project director for this application, I have approved the access and usage of the data for the requesting individual above.

Signature - Project Director

Name (Printed)

Title

Request Number (if known)

All requestors are asked to send SPARCS copies of any non-proprietary reports or publications based on requested data. As part of its conditions for the release of data, we may specifically require the requestor to send us copies of reports or publications based on data from this request.