

STATE OF:

COUNTY OF:

FOR NYS DOH USE ONLY:

Request Number \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn, deposes and says:

1. I am \_\_\_\_\_ of \_\_\_\_\_, and am authorized to sign on behalf of this organization. My signature indicates organizational support for this application and responsibility for maintaining the confidentiality of the data provided.  
(Title) (Organization)
2. The data that this organization 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 have been informed by the New York State Department of Health and am aware that no attempt may be made by my organization or anyone employed by or under contract to my organization 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 by the Data Governance Committee pursuant to NYCRR Title 10 §400.18.
3. I also acknowledge that I have been informed by the New York State Department of Health and am aware of the following restrictions on use of any SPARCS data/information to which I am granted access:
  - a. Access to any SPARCS 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. SPARCS data will be used only for the purposes stated in the Summary of the Study Proposal and Project Activities;
  - c. No SPARCS data will be released or disclosed to any person or entity;
  - d. The SPARCS data will be kept in a secure environment and only authorized users will have access;
  - e. The data may not be matched and/or linked to any other data set containing elements deemed "identifying" by NYCRR Title 10 §400.18 and/or SPARCS for which the user has not received explicit approval from the Data Governance Committee to access, including patient elements not collected by SPARCS but present in other data sets, such as name or social security number;
  - f. The applicant organization is required to destroy **or** return all information and derivatives containing confidential SPARCS data within two years. The limit is defined as two years from when the final requested year's data file is considered "complete" by SPARCS. A written request to extend this time period may be submitted to this office for approval;
  - g. The SPARCS data will be processed and disposed of as is indicated in Section 3 of the application;
  - h. Any publication or report produced by this organization and/or using this SPARCS 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

Subscribed and sworn to before me on

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

Notarization

*All requestors are asked to send SPARCS Operations located in the Bureau of Health Informatics in the New York State Department of Health copies of any non-proprietary reports or publications based on requested data.*