



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

Affidavit of Destruction of SPARCS Data

In accordance with the policy of the New York State Department of Health and the SPARCS program, I, _____, hereby acknowledge and attest that for the following SPARCS request number(s) _____ and year(s) _____ any and all copies of SPARCS data in the possession of my institution or organization, including any subsets and derivatives, have been destroyed.

(requester's signature)

(requester's organization/institution)

(date)

Please Describe the Method of Data Destruction:

Individual Acknowledgment:

State of _____ County of _____

On this day before me, the undersigned Notary Public, personally appeared _____, to me known to be the individual who executed this affidavit, and acknowledged that s/he signed the affidavit as a free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal this _____ day of _____, 20____
By _____ Residing at _____

Notary Public in and for the State of _____
My commission expires _____

Send the signed and notarized affidavit to the SPARCS program at sparcs.requests@health.ny.gov, or send a physical copy to: SPARCS Governance, Office of Quality and Patient Safety, New York State Department of Health, Corning Tower, Room 1911, Albany, NY 12237.