



ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

DATA DESTRUCTION AFFIDAVIT FORM

1. My name is, **Click or tap here to enter text.**
2. I am employed at **Click or tap here to enter text.** , which is located at **Click or tap here to enter text.**
3. Medicaid Confidential Data (MCD), i.e., **Click or tap here to enter text.**were obtained from the New York State Department of Health (DOH) pursuant to Data Use Agreement (DUA) Number **Click or tap here to enter text.** This DUA was entered into for the following purpose: **Click or tap here to enter text.**

This project/program was completed on:**Click here to enter a date.**

4. I understand that this project/program specifically prohibits the use of the Medicaid data for any purpose, other than the purpose of which was stated in the DUA, without the prior written approval of the New York State Department of Health, Office of Health Insurance Programs. As the project/program has been completed, I understand that the Medicaid data may no longer be used for any purpose whatsoever.

5. Please check one of the following responses regarding the return or disposal of MCD:

<input type="checkbox"/>	Returned.....	Date: Click or tap to enter a date.
<input type="checkbox"/>	Destroyed by shredding.....	Date: Click or tap to enter a date.
<input type="checkbox"/>	Destroyed by crushing.....	Date: Click or tap to enter a date.
<input type="checkbox"/>	Destroyed by forensic cleaning.....	Date: Click or tap to enter a date.

6. The data was destroyed by: **Insert Name of Entity Who Performed Destruction.**
7. I understand that there are civil and criminal penalties for violations of the following laws and regulations pertaining to the confidential nature of the Medicaid data:
 - Section 367-b(4) of the NY Social Services Law
 - New York State Social Services Law Section 369(4)
 - Article 27-F of the New York Public Health Law and 18 NYCRR 360-8.1
 - Social Security Act, 42 USC 1396a (a)(7)
 - Federal regulations at 42 CFR 431.302 and 42 CFR Part 2

2020 NYSDOH OHIP Data Destruction Affidavit

- The Health Insurance Portability and Accountability Act (HIPAA) and HITECH, at 45 CFR Parts 160 and 164.
- NYS Mental Hygiene Law Section 33.13

8. I have not retained any MCD disclosed to me under the above-referenced DUA and I understand that any MCD that I might recall from memory remains confidential.

APPLICANT SIGNATURE

Date: _____

NOTARY

State of _____ ss.:

County of _____

Subscribed and sworn before me on this _____ day of 20____

NOTARY PUBLIC SIGNATURE