# DUA Term Extension Request



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### PURPOSE OF THIS FORM

The Data Use Agreement Term Extension Request Form may be filed by organizations and entities with existing Data Use Agreements (DUA) who want to obtain approval from the Green Mountain Care Board (GMCB) to extend the term or expiration date for the DUA. Term extensions are not applicable to requests for substantive revisions of the DUA including changes to the limited use data set, research purpose, project that was approved for the DUA. Authorized users must file an application for a new DUA for substantive changes to a DUA.

#### GENERAL INSTRUCTIONS

Requestors should file this form at least 60 days prior to the expiration date of the DUA. GMCB cannot guarantee that a term extension will be approved if forms are not filed in a timely and complete manner. Authorized users (AU) or Principal Investigators (PI) may file this form electronically with GMCB via gmcb.data@vermont.gov.

#### **DEFINITIONS**

**Agent:** Means any individual or entity (e.g., a contractor, subcontractor, grantee, or subgrantee) acting on behalf of the Authorized User and subject to the Authorized User's control or accessing the Data Set on behalf of the Authorized User under the data use agreement (DUA).

**Authorized User:** The Authorized User (AU) is an organization or agency that is applying or has obtained a data use agreement (DUA). The AU signatory on the DUA has the authority to sign legally binding agreements on behalf of the organization or institution.

Data Custodian: The data custodian is responsible for the establishment and maintenance of physical and technical safeguards to prevent unauthorized access to and use of the data set. Agencies and organizations may designate multiple data custodians for different departments and programs. The data custodian(s) typically coordinate the receipt of the approved data set from GMCB's data consolidation vendor. The principal investigator may also be the data custodian. External agents approved by the GMCB through this Data Redisclosure Request Form to receive the data set or custom extracts must identify and file contact information for their data custodian(s) with the GMCB.

**Principal Investigator (PI):** The Principal Investigator (PI) means the individual designated by the Authorized User to be responsible for ensuring compliance with all the restrictions, limitations, and conditions of use and disclosure specified in the DUA. The PI may delegate technical responsibility to other personnel for the establishment and maintenance of security arrangements to prevent unauthorized access to and use of the data.



## **CURRENT DUA INFORMATION**

#### **EXISTING DATA USE AGREEMENT INFORMATION**

DUA Identifier (Assigned by the GMCB to the DUA):

UVM-LCOM\_VUHDDS 1

DUA Agency or Organization Name:

Larner College of Medicine at the University of Vermont

DUA Project Name (As stated in the DUA application or DUA):

Hospital Discharge Data Set by University of Vermont Larner College of Medicine Users

Existing DUA Start Date:

1/15/2023

Existing DUA Expiration Date:

1/15/2025

DUA Authorized User Signatory Name & Title:

Kate Tracy, Senior Associate Dean for Research

DUA Principal Investigator Name & Title (if different from Authorized User): Stephen Goldman, Chief Information Officer
Project Lead's Name, Title, Organizational Affiliation (For any contractor, subcontractor, grantee, or
subgrantee with authorized access to the data set available under the existing DUA): Carole McBride, Assistant Professor
Project Lead's Name, Title, Organizational Affiliation (For any contractor, subcontractor, grantee, or
subgrantee with authorized access to the data set available under the existing DUA): Erika Ziller, Director Health Service Research

Project Lead's Name, Title, Organizational Affiliation (For any contractor, subcontractor, grantee, or subgrantee with authorized access to the data set available under the existing DUA):



# REASON FOR REQUESTING DUA TERM EXTENSION

Date of Request for Term Extension: 1/15/2025	
Requested DUA expiration date that would extend the term: 1/	/15/2027
Reason for requesting extension of the DUA term: LCOM researchers have a continued interest in using VUHDDS data for approved research projects.	
☑ YES ☐ NO I agree (AU or PI for the DUA) that there will be and scope of the project as originally described in the DUA appli	
☑ YES □ NO I agree (AU or PI for the DUA) that if granted a to requirements of the DUA.	erm extension, I will continue to meet the
SIGNATURES	
All statements made in this application are true, complete, and c	correct to the best of my knowledge.
DUA Authorized User or Principal Investigator Name: Kate	Tracy, Senior Associate Dean for Research
Signature:	Date:Click or tap to enter a date.
GMCB PROCESSING SECTION	
Approved and no further action is required:	Levery 2025
☐ Approved with Conditions: Click or tap to enter a date.  Describe conditions that must be met prior to term ex	
☐ Not Approved: Click or tap to enter a date.  Describe reasons for disapproval of term extension:	