

# Certificate of Data Destruction

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GMCB Limited Use Healthcare Research Data Sets and Derived Subsets



**GREEN MOUNTAIN CARE BOARD**

144 State Street  
Montpelier, VT 05602  
802-828- 2177  
[gmcboard.vermont.gov](http://gmcboard.vermont.gov)

## Certificate of Data Destruction

DUA #:
DUA Project Title:
DUA Expiration Date:
Authorized User Organization/Agency Name:
Authorized User's Signatory Name:
Principal Investigator Name:

This certificate must be submitted to the Green Mountain Care Board (GMCB) by the Authorized User or the Principal Investigator or their designated signatory or external agent (contractor, subcontractor, grantee, subcontractor) to certify the deletion, destruction and discontinued use of the data set and subsets covered under the listed Data Use Agreement (DUA). This includes the complete data set or subsets of the data set at all locations and under the control of all authorized individuals with access to the data. This includes the record-level data sets as transmitted to the Authorized User or external agents, copies made of the data sets by the Authorized User or external agents including approved data users, and any information derived from the data set with or without direct identifiers that could be used by itself or in combination with other data to deduce a member's, enrollee's or patient's identity. The Authorized User and any agents of the Authorized User may not retain any copies of the data set or derived data subsets that could be used to deduce a member's, enrollee's or patient's identity. The Authorized User and any agents of the Authorized User must delete, destroy or otherwise render unreadable data sets and subsets meeting this criterion or request written approval from the GMCB for continued use under an extension of the current DUA. The GMCB requires adequate notice of at least 60 days prior to the DUA termination date to consider granting an extension to a DUA. The GMCB may deny an extension and require the Authorized User to file an application for a new DUA. The GMCB will provide a final acknowledgement of receipt of this certificate via Email to the Authorized User and Principal Investigator pertaining to the expired DUA.

I, \_\_\_\_\_, \_\_\_\_\_ representing  
 Name Title

\_\_\_\_\_  
 Organization

as the ( ) signatory for the Authorized User and/or the ( ) Principal Investigator and/or an ( ) External Agent (contractor, subcontractor, grantee, subgrantee) certify that the following data set including copies and derivatives or subsets of the data set that could be used to re-identify individual members, enrollees, patients or Medicare beneficiaries have been deleted, destroyed or otherwise rendered unreadable by every data user authorized to use the data under the DUA and in possession of the data that meet the criterion for destruction. I understand that unauthorized use and/or disclosure of these data required by the GMCB to be deleted, destroyed or otherwise rendered unreadable may result in criminal, civil, and administrative penalties applied under Vermont state and federal laws as referenced in the DUA.

The following file types released under the DUA have been deleted, destroyed, or otherwise rendered unreadable:

File Type	Commercial Insurers	Medicaid <sup>1</sup>	Medicare <sup>2</sup>	Data Years or Date Range <sup>3</sup>
Medical Eligibility-VT Residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Claims-VT Residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Eligibility- 5% National Sample	Not applicable	Not applicable	<input type="checkbox"/>	
Medical Claims- 5% National Sample	Not applicable	Not applicable	<input type="checkbox"/>	
Pharmacy Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable	
Pharmacy Claims	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable	
Medicare Part D Event- VT Residents	Not applicable	Not applicable	<input type="checkbox"/>	
Medicare Part D Event- 5% National Sample	Not applicable	Not applicable	<input type="checkbox"/>	
Medicare MEDPAR	Not applicable	Not applicable	<input type="checkbox"/>	

Description of other derived data sets, files, and information deleted, destroyed or rendered unreadable due to meeting the criterion of having the potential to be used to re-identify individual members, enrollees, patients or Medicare beneficiaries:

Date Click or tap to enter a date.

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(Printed Name/Title)

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(Signature of the Authorized User and/or the Principal Investigator who certifies that the data sets and subsets as listed above have been deleted, destroyed, or otherwise rendered unreadable disabling any further access and use.)

Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Email address for confirmation of receipt of this certificate \_\_\_\_\_

Send this completed and signed Certificate of Data Destruction GMCB via [gmcb.data@vermont.gov](mailto:gmcb.data@vermont.gov) , 144 State Street, Montpelier VT 05602