

GMCB Limited Use Healthcare Research Data Sets: Individual User Affidavit

I, _____, affiliated with the agency, organization, or company titled,

_____ affirm as follows:

1. I have been designated by the Authorized User or Principal Investigator identified on the Green Mountain Care Board (GMCB) Data Use Agreement (DUA) # _____ as an Individual User who will use or have access to the information disclosed by GMCB under the DUA.

2. I agree that I have read the DUA and agree to adhere to the provisions set forth in the DUA addressing the protection of confidential, restricted, personally identifiable, and personal health information as required under Vermont law and regulations and by the federal Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) as the absolute baseline for data and information protection.

3. I have read the DUA and agree to adhere to the requirements addressing the actions I will take if there is a suspected or actual breach that could result in the unauthorized disclosure of confidential, restricted, personally identifiable and personal health information.

4. I have read the DUA and agree to adhere to limiting the use and disclosure of the data and information provided by GMCB under this DUA to the uses and disclosures approved by GMCB and if applicable, as approved by the Department of Vermont Health Access (DVHA) for Medicaid data and by the Centers for Medicare & Medicaid Services (CMS) for Medicare data.

5. I have read the DUA and understand that I may be subject to civil, criminal, and monetary penalties for violations use and disclosure guidelines as stipulated in the DUA authorized by GMCB and that GMCB and/or DVHA and/or CMS may prosecute to the fullest extent of applicable state and federal laws.

6. I have read the DUA and agree to abide by all the provisions included in the DUA issued by GMCB including those provisions stipulated in the DUA between GMCB and CMS and those stipulated in the Memorandum of Understanding between GMCB and DVHA.

7. I understand that to the extent any of the above terms of this Affidavit conflict with the DUA that the terms of the DUA take precedent and that this Affidavit in no way abrogates or changes the DUA.

8. By signing below, I affirm under penalty of perjury that all of my statements above are true and correct.

Date

Individual User Signature

Name (Printed)

Title

Organization/Employer

Phone Number

Email Address

AUTHORIZED USER/PRINCIPAL INVESTIGATOR ONLY:

As the Authorized User and/or the Principal Investigator as defined in the GMCB DUA # _____ and as signatory on the Data Use Agreement, I have approved the access to and usage of the data for this above-identified Individual User as approved by GMCB and, if applicable.

Date

Authorized User and/or Principal Investigator Signature

Name (Printed)

Organization/Employer

<p style="text-align: center;">GMCB USE ONLY</p> <p>Data Use Agreement # _____</p> <p>VHCURES</p> <p>Commercial Data <input type="checkbox"/></p> <p>Medicaid Data <input type="checkbox"/></p> <p>Medicare Data (State agency only) <input type="checkbox"/></p> <p>VUHDDS</p> <p>Inpatient Data <input type="checkbox"/></p> <p>Outpatient Data <input type="checkbox"/></p> <p>Emergency Data <input type="checkbox"/></p> <p>DUA Expiration Date: _____</p>
--