

State Agency DUA Renewal Request



GREEN MOUNTAIN CARE BOARD

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Montpelier, VT 05620
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gmcboard.vermont.gov

PURPOSE OF THIS FORM

The State Agency DUA Renewal Request Form may be filed by Vermont state agencies with data use agreements (DUAs) prior to the DUA's expiration date to obtain continued access to the standard comprehensive research data set. Obtaining approval for renewal of an existing DUA from the Green Mountain Care Board (GMCB) eliminates the need to file a new DUA application. Renewals are not applicable to requests for substantive revisions of the DUA including changes to the project and research purpose that was approved for the existing DUA. Since Vermont state agencies obtain DUAs for broad purposes, this should not be a factor. Vermont state agencies must continue to comply with the requirements of the DUA under renewed DUAs addressing the use and redisclosure of data.

GENERAL INSTRUCTIONS

Authorized users (AU) or Principal Investigators (PI) may file this form electronically with GMCB via gmc.data@vermont.gov.

Requestors should file this form at least 60 days prior to the expiration date of the DUA. GMCB cannot guarantee that a renewal will be approved if forms are not filed in a timely and complete manner.

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.

EXISTING DATA USE AGREEMENT INFORMATION

DUA Identifier (Assigned by the GMCB to the DUA): UVM_2018_DUA
DUA State Agency Name: University of Vermont
DUA Project Name (As stated in the DUA application or DUA): Health Services Analysis using VHCURES at the University of Vermont
Existing DUA Start Date: April 17, 2018
Existing DUA Expiration Date: April 30, 2020
DUA Authorized User Signatory Name & Title: Gordon Jensen, Professor of Medicine, Senior Associate Dean for Research
DUA Principal Investigator Name & Title (if different from Authorized User): Adam Atherly, Director for the Center for Health Services 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): Adam Atherly, Director for the Center for Health Services Research, University of Vermont
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):
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 DUA Renewal:

YES NO I agree (AU or PI for the DUA) that there will be no substantive changes to the research purpose and scope of the project as originally described in the DUA application that resulted in the existing DUA.

YES NO I agree (AU or PI for the DUA) that if granted a DUA renewal, the agency will continue to meet the requirements of the DUA.

SIGNATURES

All statements made in this application are true, complete, and correct to the best of my knowledge.

DUA Authorized User Name: Gordon Jensen

Signature:



Date:

Jun 31, 2020

GMCB PROCESSING SECTION

For GMCB Use Only

Date the DUA Renewal Request received by GMCB/Initial: 2/5/2020

GMCB overall comments on the request:

Approved and no further action is required: 2/5/2020

New DUA Term Expiration Date: 4/30/2022

Approved with Conditions: Click or tap to enter a date.

Describe conditions that must be met prior to DUA renewal:

Not Approved: Click or tap to enter a date.

Describe reasons for disapproval of DUA renewal: