

Request for a Data Use Agreement

This form is only to be used if you are using or disclosing a Limited Data Set (LDS) from a HIPAA covered entity or business associate. Generally, this means you will obtain the data from a medical or billing record. A LDS is Protected Health Information and may include the following identifiers: ZIP, dates, ages over 89, and any other unique identifier, characteristic, or code.

GENERAL INFORMATION			
Study Title:			
Investigator:			
IRB Approval Needed:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Already approved
Covered Entity:	Protocol number:		

1. Description of the Study or Project:

2. Limited Data Set – *Describe the data elements/identifiers/categories:*

3. Permitted Uses – *Data Recipient may only use Protected Health Information (LDS) as follows:*

4. Permitted Disclosures – *Data Recipient may only disclose the LDS as follows:*

5. Safeguards – *Data Recipient agrees to safeguard the LDS through the following procedures:*

6. Data Sub-Recipient(s) – *if applicable:*

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HIPAA OFFICE USE ONLY – EXTERNAL DUA REVIEW	Y/N
Establish the permitted uses and disclosures of the limited data set by the recipient, consistent with the purposes of the research, and which may not include any use or disclosure that would violate the Rule if done by the covered entity.	
Not to use or disclose the information other than as permitted by the data use agreement or as otherwise required by law.	
Use appropriate safeguards to prevent the use or disclosure of the information other than as provided for in the data use agreement.	
Report to the covered entity any use or disclosure of the information not provided for by the data use agreement of which the recipient becomes aware.	
Ensure that any agents, including a subcontractor, to whom the recipient provides the limited data set agrees to the same restrictions and conditions that apply to the recipient with respect to the limited data set.	
Not to identify the information or contact the individual.	