

<b>REQUEST FOR RECORDS DISPOSITION AUTHORITY</b>		JOB NUMBER <i>N1-440-10-04</i>	
To: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001		Date received <i>03/20/2010</i>	
1. FROM (Agency or establishment) Department of Health and Human Services (HHS)		NOTIFICATION TO AGENCY	
2. MAJOR SUBDIVISION Centers for Medicare and Medicaid Services (CMS)		In accordance with the provisions of 44 U.S.C. 3303a, the disposition request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.	
3. MINOR SUBDIVISION			
4. NAME OF PERSON WITH WHOM TO CONFER <i>Vickie Robey</i>	5. TELEPHONE NUMBER <i>410-786-7883</i>	DATE <i>3 Sept 10</i>	ARCHIVIST OF THE UNITED STATES <i>[Signature]</i>
<p>6. AGENCY CERTIFICATION</p> <p>I hereby certify that I am authorized to act for this agency in matters pertaining to the disposition of its records and that the records proposed for disposal on the attached <u>  1  </u> page(s) are not needed now for the business for this agency or will not be needed after the retention periods specified; and that written concurrence from the General Accounting Office, under the provisions of Title 8 of the GAO Manual for Guidance of Federal Agencies,</p> <p align="center"> <input checked="" type="checkbox"/> is not required                              <input type="checkbox"/> is attached; or                              <input type="checkbox"/> has been requested.       </p>			
DATE <i>March 18, 2010</i>	SIGNATURE OF AGENCY REPRESENTATIVE <i>Yvonne K. Wilson</i> <i>[Signature]</i>		TITLE <i>Department Records Officer</i>
7. ITEM NO.	8. DESCRIPTION OF ITEM AND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)
	<i>Data Use Agreements</i>  <i>See attached.</i>		

Data Use Agreement

Records which outline the terms and conditions between CMS and outside entities (e.g., contractor, private industry, academic institution, other Federal government agency, or state agency) that requests the use of CMS personal identifiable data that is covered by the Privacy Act of 1974. The agreement delineates the confidentiality requirements of the Privacy Act, security safeguards, and CMS' data use policies and procedures. The DUA serves as a control mechanism through which CMS can track the location of its data and the reason for the release of the data. A DUA requires that a System of Record be in effect, which allows for the disclosure of the data being used.

DISPOSITION:

**1. Electronic Database (Recordkeeping copy), CMS Privacy Office**

Database is maintained by the CMS Privacy Office, but used and accessed by other CMS offices and contractors.

**1a. Inputs**

~~Data from paper data use agreement form (CMS Form R-0235), including Requesting Organization Name, Requesting Organization Contact, Requesting Organization address, Requesting Organization Phone Number, Requesting Organization email address, Disclosure Provision that permits disclosure of personally identifiable data, the expiration date, actual data files, custodial organization name, custodial organization contact, custodial organization address, custodial organization e-mail address, custodial organization phone number, Business Owner/System Manager authorizing use of the data that is being disclosed.~~

~~DISPOSITION: Temporary. Destroy 30 days after data is entered in the database and verified. (GRS 20, item 2c)~~

~~**1b. Master Data Files**~~

~~Requesting Organization Name, Requesting Organization Contact, Requesting Organization address, Requesting Organization Phone Number, Requesting Organization email address, Disclosure Provision that permits disclosure of personally identifiable data, the expiration date, actual data files, custodial organization name, custodial organization contact, custodial organization address, custodial organization e-mail address, custodial organization phone number, Business Owner/System Manager authorizing use of the data that is being disclosed.~~

~~DISPOSITION: Temporary. Cutoff when agreement is closed. Destroy/delete 5 years after cutoff, or when no longer needed for Agency business, whichever is later.~~

**1c. Outputs**

Adhoc reports created as needed.

Superseded by job / item number:

DAA-0440-2015-0002-0001

Date (MM/DD/YYYY):

8/15/2017

~~DISPOSITION: Temporary. Destroy when no longer needed for Agency business. (GRS 20, item 12)~~

**2. Textual (paper) forms, Other CMS Offices**

Data Use Agreement forms (CMS Form R-0235), including Requesting Organization Name, Requesting Organization Contact, Requesting Organization address, Requesting Organization Phone Number, Requesting Organization email address, Disclosure Provision that permits disclosure of personally identifiable data, the expiration date, actual data files, custodial organization name, custodial organization contact, custodial organization address, custodial organization e-mail address, custodial organization phone number, Business Owner/System Manager authorizing use of the data that is being disclosed.

**2a. Approved Forms**

~~DISPOSITION: Temporary. Cutoff when agreement is closed. Destroy 5 years after cutoff.~~

**2b. Unapproved forms**

~~DISPOSITION: Temporary. Cutoff when agreement is closed. Destroy 2 years after cutoff.~~

**3. Textual (paper) forms, State Health Insurance Assistance Programs (SHIP)**

Data Use Agreement Forms

~~DISPOSITION: Temporary. Maintain the two most recent DUAs in an active file until the Agency receives notice of new information from the SHIP per the terms and conditions of the SHIP Grant.~~

Superseded by job / item number:

DAA-0440-2015-0002-0001

Date (MM/DD/YYYY):

8/15/2017

Superseded by job / item number:

DAA-0440-2015-0002-0001

Date (MM/DD/YYYY):

8/15/2017

Superseded by job / item number:

DAA-0440-2015-0002-0002

Date (MM/DD/YYYY):

8/15/2017