

REQUEST	FOR RECORDS DISPOS	JOB NUMBER N1- 440 - 10 - 04				
	To: NATIONAL ARCHIVES & RECORDS ADMINISTRATION 8601 ADELPHI ROAD COLLEGE PARK, MD 20740-6001			Date received 03/20/2010		
FROM (Agency or establishment) Department of Health and Human Services (HHS)			NOTIFICATION TO AGENCY			
2. MAJOR SUI Cent 3. MINOR SUE	ers for Medicare and Med	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request, including amendments, is approved except for items that may be marked "disposition not approved" or "withdrawn" in column 10.				
4. NAME OF PERSON WITH WHOM TO CONFER 5. TELEPHONE NUMBER			DATE ARCHIVIST OF THE UNITED STATES			
Vickie Robe	у	410-786-7883	35et10 101	sel		
6. AGENCY CERTIFICATION 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						
DATE	SIGNATURE OF AGENC	Y REPRESENTATIVE	TITLE			
March 18, 2010	Yvonne K. Wilson	vonne X. Vilsor	Oepartment Record	s Officer		
7. ITEM NO.		ND PROPOSED DISPOSITION	9. GRS OR SUPERSEDED JOB CITATION	10. ACTION TAKEN (NARA USE ONLY)		
	Data Use Agreements See attached.		CITATION			

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 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 phone number, Business Owner/System Manager authorizing use of the data that is being disclosed.

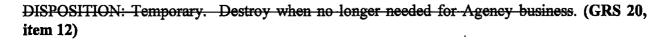
DISPOSITION: Temporary. Cutoff when agreement is closed. Destroy/delete 5 years after cutoff, or when no longer needed for Agency business, whichever is later.

1c. Outputs

Adhoc reports created as needed.

Superseded by job / item number:

DAA-0440-2015-0002-000 Date (MM/DD/777): 8(15/2017



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.

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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 (SELP)

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-0440-215-0002-0001

Date (MM/DD/YYYY):

8(15/2017)

Superseded by job / Item number:

DAA-0440-2015-0002-0001 Data (MM/DD/YYY): 8(15/2017 Superseded by job / item number:

DAA-0440-2015-0002-0002 Date (MM/DD/YYY): _____8(15/2017