

NC Medicaid Data Use Acknowledgement

Acknowledgement of Data Use Requirements & Limitations

I, _____, through my involvement with and work on an approved project entitled _____, will have access to NC Medicaid claims data provided to the UNC Sheps Center by the North Carolina Department of Health and Human Services Division of Medical Assistance (“DMA”) under a Memorandum of Agreement, Data Use Agreement and Business Associate Agreement (collectively, “DUA”) between UNC and DMA. By virtue of my work on this project, I will have access to confidential information and use of data about NC Medicaid beneficiaries that is sensitive and protected by federal and state privacy laws. I understand that access to this confidential data carries with it responsibility to use the data only for authorized purposes, guard against unauthorized use, and to abide by the terms of the DUA. Specifically, I acknowledge that I have read and understood the DUA, and I hereby acknowledge my responsibilities as follows:

1. I will access the data on a specific secure server supported by and made available to me by the Sheps Center;
2. I will not attempt to remove the data or a copy of any of the data from the designated secure server;
3. I will only use the data in furtherance of the project approved by the IRB (as applicable), the Oversight Committee of the Carolina Cost and Quality Initiative (“CCQI”), and DMA and will assure my use of the data is consistent with the approved protocol and as outlined in the DMA “Request for Access to Health Information for Research” form;
4. I will not attempt to re-identify or contact any individuals whose data are reflected in the dataset;
5. I will not share my data access credentials with anyone, nor will I permit others who are not associated with the project, approved by the IRB, CCQI Oversight Committee and DMA, and who have not signed a similar acknowledgement to access the data;
6. I will immediately report to the Sheps Center (919-966-5888) and to UNC’s Chief Privacy Officer (919-962-6332) any unauthorized access of use of the data and cooperate with the Sheps Center and DMA in any investigation and remediation thereof;
7. I will submit draft publications involving the use of NC Medicaid claims data to DMA for review at least 30 days before publishing the research findings and will abide by DMA’s reasonable requests to remove any information from the publication that it reasonably believes constitute confidential information or that is necessary to protect the privacy of Medicaid beneficiaries; and
8. I will, in consultation with the Sheps Center regarding language, acknowledge the partnership between DMA and the Sheps Center that made these data available for the project;

I understand that, without limiting other potential consequences, my access to the data may be immediately terminated if the Sheps Center or DMA determine I have failed to comply with the terms of this Acknowledgement. I further understand that the availability of the data to the Sheps Center and therefore to me is subject to the terms of the DUA. By my signature below, I indicate that have read and understand the terms of this Acknowledgement form:

Name and Title _____

Signature and Date _____