

I, _____, the undersigned, agree and attest as follows:

1. I am identified in a request for SPARCS data as an individual who will use or have access to patient records collected by the New York State Department of Health's ("the Department") Statewide Planning and Research Cooperative System (SPARCS) program.
2. SPARCS data is confidential and is subject to strict limitations on the use and disclosure of patient information as described in applicable law and regulations, including but not limited to the Federal Revised Common Rule for the Protection of Human Subjects at 45 CFR Part 46 and the SPARCS regulation at 10 NYCRR Section 400.18. **I am aware that any attempt to identify specific individuals whose data has been received is prohibited**, except in those cases where the data supplied is to be used for legally authorized surveillance of providers or utilization review, or where specific written authorization has been given pursuant to the SPARCS regulation or other applicable law.
3. As an authorized data user, I also acknowledge that I am aware of and will assist the requesting organization in complying with the following specific policies regarding the use, maintenance, and disclosure of SPARCS data:
 - a. *Access to Record-Level Data and/or Small Cells*
Access to record-level data and to results containing cells with a value of ten (10) cases or less may only be granted to individuals who have signed Data Use Agreements on file with the SPARCS program and who are identified as authorized users in the approved [SPARCS Data Request Application \(DOH-5132\)](#);
 - b. *Authorized Uses of SPARCS Data*
SPARCS data may only be used for the purposes described in the approved SPARCS Data Request Application and supporting documentation, and any modification to the approved project must be described in an [Amendment Application](#) and approved by the SPARCS program;
 - c. *Secure Storage of and Access to SPARCS Data*
SPARCS data must be stored in a secure environment and accessed using a method that meets the requirements described in the current version of the [SPARCS Security Guidelines](#);
 - d. *Disclosure of SPARCS Data*
SPARCS data, including research results containing small cells, may not be released, disclosed to, or shared with any person or entity, nor published in any manner whatsoever, without prior written approval from the SPARCS program;
 - e. *Matching or Linking SPARCS Data*
SPARCS data may not be matched or linked to any other data set containing elements deemed identifiable or potentially identifiable under applicable law, including but not limited to the SPARCS regulation and the Revised Common Rule for the Protection of Human Subjects at 45 CFR Part 46, without the explicit approval of the SPARCS Data Governance Committee;
 - f. *Security Incidents Involving SPARCS Data*
In the event that a data user(s) becomes aware of any actual or potential security

breach involving SPARCS data, including but not limited to unauthorized access to record-level data or small cells, improper storage or transfer of data files, and/or unauthorized redisclosure of data, such user(s) must: (a) immediately report the security breach to the Project Director, the organizational representative, the organization's lead information technology administrator, and the SPARCS program, and (b) assist in any subsequent review or investigation of the security breach as needed and appropriate;

4. I am aware that any unauthorized use or disclosure of SPARCS data is prohibited under applicable law and regulations, including but not limited to the SPARCS regulation at 10 NYCRR Section 400.18 and New York State Public Health Law Section 12, that violations of these and any other disclosure guidelines are punishable by monetary fines, and that the Department will take any necessary action(s) consistent with applicable law to ensure the security and confidentiality of SPARCS data.

Signature – Data User

_____	_____
Date	Signature*
_____	_____
Title	Name (Printed)
_____	_____
Organization	Phone Number

	Email Address

*Signatures must be handwritten or an electronic signature with a validation stamp to be accepted.

PLEASE SEE PROJECT DIRECTOR SECTION ON NEXT PAGE

Signature – Project Director

As Project Director for this SPARCS data request, I confirm that the individual listed above is an authorized data user on the proposed or approved project, and that I approve this user’s access to and use of SPARCS data for the purposes described in the SPARCS Data Request Application.

NOTE: if the data user who signed on page 2 of this Agreement is also the Project Director, no additional signature is required.

_____	_____
Date	Signature*
_____	_____
Title	Name (Printed)
_____	_____
Organization	Phone Number
_____	_____
Request Number (if known)	Email Address

*Signatures must be handwritten or an electronic signature with a validation stamp to be accepted.