

I, _____ being duly sworn, attest as follows:

1. I am the _____ of _____, and I am authorized to sign
(Title) (Organization)
on behalf of this organization. My signature indicates organizational support for this application and acknowledgment of responsibility for maintaining the confidentiality of the data provided.
2. I acknowledge on behalf of the organization that 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 have been informed and I am aware that no attempt may be made by my organization or anyone employed by or under contract to my organization to identify specific individuals whose data have been received**, 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 organizational representative, I also acknowledge that I am aware of the following specific policies regarding the requesting organization's 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. *SPARCS Data Retention and Destruction*
SPARCS program policy requires the requesting organization to destroy all patient records and any derivatives within two years of the date on which the final approved year's data file is deemed "complete" by SPARCS, which generally occurs on or about August 1 of the following calendar year; this data retention period may be extended for up to one (1) additional year upon approval of a written extension request by the SPARCS program;
 - g. *SPARCS Program Audit*
The New York State Department of Health SPARCS Program may perform an audit of my organization's use of SPARCS data, including security protocols, and all relevant personnel are required to cooperate in the event of such an audit;
 - h. *Recalls of SPARCS Data*
In the event that the SPARCS data provided under this agreement are recalled by the New York State Department of Health at any time, my organization will return any SPARCS data in its possession within 30 days of notification and will comply with any other directives relating to the recalled data;
 - i. *Publications Using SPARCS Data*
Any publication or report produced by my organization based on the use or analysis of SPARCS data must be submitted to the SPARCS Program prior to submission for publication, must acknowledge the Department of Health as the source of the SPARCS data, and must include a disclaimer indicating that the views of the author(s) do not reflect the views of the Department. Full [publication guidance](#) is available on the SPARCS website.;
 - j. *Security Incidents Involving SPARCS Data*
In the event that the organizational representative 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 organization's lead information technology administrator and the SPARCS program,
 - b) work with the organization's lead information technology administrator to take all steps necessary to remediate the breach, and
 - c) 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 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 – Organizational Representative

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.

Notarization

Subscribed and sworn to before me on

This _____ day of _____, _____

Notarization