



H·CUP
HEALTHCARE COST AND UTILIZATION PROJECT

November 16, 2016

NIS/KID/NEDS/NRD APPLICATION KIT

All HCUP Databases and select Supplemental Files may be purchased online through the HCUP Central Distributor.

Please visit https://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp

UNIFORM NATIONWIDE APPLICATION

The Healthcare Cost and Utilization Project (HCUP) National (Nationwide) Inpatient Sample (NIS), Kids' Inpatient Database (KID), Nationwide Emergency Department Sample (NEDS), and Nationwide Readmissions Database (NRD) are available through the HCUP Central Distributor under the auspices of the Agency for Healthcare Research and Quality (AHRQ). The Nationwide Databases exclude data elements that could directly or indirectly identify individuals. Access to the files is open to users who sign a Data Use Agreement. Users must agree to use the database for research and statistical purposes only and to make no attempts to identify individuals.

For information on the Nationwide Databases, see the "Overview" documents at <https://www.hcup-us.ahrq.gov/databases.jsp>.

Directions to complete the NIS/KID/NEDS/NRD Application:

1. Print or type all responses. An electronic copy is available on request.
2. Complete all applicable parts of this application.
Part I Organization and/or Individual Requesting Use of the HCUP Databases (page 2)
Part II Selection of HCUP Databases (page 2–7)
3. Determine the Total Payment Due and Select Payment Method (Part III, page 8).
4. Read and sign the Indemnification Clause (Part IV, page 10).
5. Complete the online HCUP Data Use Agreement Training Tool and provide your Certification Code (Part V, page 11).
6. Read and sign the Data Use Agreement for Nationwide Databases (12-15).
7. Submit the completed application (pages 2–15):

HCUP Central Distributor
Social & Scientific Systems, Inc.
8757 Georgia Avenue, 12th Floor
Silver Spring, MD 20910
Telephone: (866) 556-4287 (toll free)
Fax: (866) 792-5313 (toll free)
E-mail: HCUPDistributor@AHRQ.gov

Part I: Organization and/or Individual Requesting Use of the HCUP Databases

General Information:

Applicant Name: _____

Position/Title: _____

Organization (include Branch, Division, Department): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

Internet Address: _____

Part II: Selection of HCUP Databases

Nationwide Databases are delivered via secure digital download. Each Nationwide Database product file is compressed and encrypted for secure delivery. For detailed information about the file contents, structure, format, and guidelines for working with HCUP data products, refer to the database documentation found online at <https://www.hcup-us.ahrq.gov/databases.jsp>.

For specific price information, please see the price sheet below. The prices of the NIS, KID, NEDS, and NRD have been set to cover the costs associated with disseminating these files to data requesters. Students may purchase any Nationwide Database at a discounted price. Students must demonstrate that they are a current student by providing: (1) a copy of a valid student ID, OR (2) a letter of verification from the registrar's office, a professor, or the program director.

If you have questions or want more information, please contact the HCUP Central Distributor by toll-free telephone (866-556-4287), toll-free fax (866-792-5313), or by e-mail at HCUPDistributor@AHRQ.gov.

Section I. Select National (Nationwide) Inpatient Sample (NIS)

Database	Content/Size	Price
NIS, 2014	1 year of data, in compressed, encrypted 760 MB product file	<input type="checkbox"/> \$ 500 All Others <input type="checkbox"/> \$ 100 Students
NIS, 2013	1 year of data, in compressed, encrypted 760 MB product file	<input type="checkbox"/> \$ 350 All Others <input type="checkbox"/> \$ 100 Students
NIS, 2012	1 year of data, in compressed, encrypted 767 MB product file	<input type="checkbox"/> \$ 350 All Others <input type="checkbox"/> \$ 50 Students
NIS, 2011	1 year of data, in compressed, encrypted 857 MB product file	<input type="checkbox"/> \$ 350 All Others <input type="checkbox"/> \$ 50 Students
NIS, 2010	1 year of data, in compressed, encrypted 827 MB product file	<input type="checkbox"/> \$ 350 All Others <input type="checkbox"/> \$ 50 Students
NIS, 2009	1 year of data, in compressed, encrypted 828 MB product file	<input type="checkbox"/> \$ 350 All Others <input type="checkbox"/> \$ 50 Students
NIS, 2008	1 year of data, in compressed, encrypted 864 MB product file	<input type="checkbox"/> \$ 350 All Others <input type="checkbox"/> \$ 50 Students
NIS, 2007	1 year of data, in compressed, encrypted 964 MB product file	<input type="checkbox"/> \$ 350 All Others <input type="checkbox"/> \$ 50 Students
NIS, 2006	1 year of data, in compressed, encrypted 1033 MB product file	<input type="checkbox"/> \$ 200 All Others <input type="checkbox"/> \$ 20 Students
NIS, 2005	1 year of data, in compressed, encrypted 956 MB product file	<input type="checkbox"/> \$ 200 All Others <input type="checkbox"/> \$ 20 Students
NIS, 2004	1 year of data, in compressed, encrypted 970 MB product file	<input type="checkbox"/> \$ 200 All Others <input type="checkbox"/> \$ 20 Students
NIS, 2003	1 year of data, in compressed, encrypted 936 MB product file	<input type="checkbox"/> \$ 200 All Others <input type="checkbox"/> \$ 20 Students
NIS, 2002	1 year of data, in compressed, encrypted 893 MB product file	<input type="checkbox"/> \$ 200 All Others <input type="checkbox"/> \$ 20 Students
NIS 1988–2001	Please see the next page	

Database	Content/Size	Price
NIS, 2001	1 year of data, in compressed, encrypted 550 MB product file	<input type="checkbox"/> \$ 200 All Others <input type="checkbox"/> \$ 20 Students
NIS, 2000	1 year of data, in compressed, encrypted 539 MB product file	<input type="checkbox"/> \$ 200 All Others <input type="checkbox"/> \$ 20 Students
NIS, 1999	1 year of data, in compressed, encrypted 516 MB product file	<input type="checkbox"/> \$ 160 All Others <input type="checkbox"/> \$ 20 Students
NIS, 1998	1 year of data, in compressed, encrypted 489 MB product file	<input type="checkbox"/> \$ 160 All Others <input type="checkbox"/> \$ 20 Students
NIS, Release 6, 1997	1 year of data, in compressed , encrypted 519 MB product file	<input type="checkbox"/> \$ 160 All Others <input type="checkbox"/> \$ 20 Students
NIS, Release 5, 1996	1 year of data, in compressed, encrypted 448 MB product file	<input type="checkbox"/> \$ 160 All Others <input type="checkbox"/> \$ 20 Students
NIS, Release 4, 1995	1 year of data, in compressed, encrypted 455 MB product file	<input type="checkbox"/> \$ 160 All Others <input type="checkbox"/> \$ 20 Students
NIS, Release 3, 1994	1 year of data, in compressed, encrypted 421 MB product file	<input type="checkbox"/> \$ 160 All Others <input type="checkbox"/> \$ 20 Students
NIS, Release 2, 1993	1 year of data, in compressed, encrypted 439 MB product	<input type="checkbox"/> \$ 160 All Others <input type="checkbox"/> \$ 20 Students
NIS, Release 1, 1988–1992	5 years of data, in compressed, encrypted 1,577 MB product file	<input type="checkbox"/> \$ 322 All Others <input type="checkbox"/> \$ 20 Students
TOTAL NIS DATA COST: Calculate total cost for all NIS files requested. See Part IV (page 8) for instructions on determining the total payment due:		

Section II. Select Kids' Inpatient Databases (KID)

Database	Content/Size	Price
KID, 2012	1 year of data, in compressed, encrypted 234 MB product file	<input type="checkbox"/> \$ 350 All Others <input type="checkbox"/> \$ 50 Students
KID, 2009	1 year of data, in compressed, encrypted 286 MB product file	<input type="checkbox"/> \$ 350 All Others <input type="checkbox"/> \$ 50 Students
KID, 2006	1 year of data, in compressed, encrypted 318 MB product file	<input type="checkbox"/> \$ 200 All Others <input type="checkbox"/> \$ 20 Students
KID, 2003	1 year of data, in compressed, encrypted 272 MB product file	<input type="checkbox"/> \$ 200 All Others <input type="checkbox"/> \$ 20 Students
KID, 2000	1 year of data, in compressed, encrypted 131 MB product file	<input type="checkbox"/> \$ 200 All Others <input type="checkbox"/> \$ 20 Students
KID, 1997	1 year of data, in compressed, encrypted 70 MB product file	<input type="checkbox"/> \$ 200 All Others <input type="checkbox"/> \$ 20 Students
TOTAL KID DATA COST: Calculate total cost for all KID files requested. See Part IV (page 8) for instructions on determining the total payment due:		

Section III. Select Nationwide Emergency Department Sample (NEDS)

Database	Media/structure	Price
NEDS, 2013	1 year of data, in compressed, encrypted 1517 MB product file	<input type="checkbox"/> \$ 500.00 All Others <input type="checkbox"/> \$ 150.00 Students
NEDS, 2012	1 year of data, in compressed, encrypted 2 GB product file	<input type="checkbox"/> \$ 500.00 All Others <input type="checkbox"/> \$ 75.00 Students
NEDS, 2011	1 year of data, in compressed, encrypted 1415 MB product file	<input type="checkbox"/> \$ 500.00 All Others <input type="checkbox"/> \$ 75.00 Students
NEDS, 2010	1 year of data, in compressed, encrypted 1391 MB product file	<input type="checkbox"/> \$ 500.00 All Others <input type="checkbox"/> \$ 75.00 Students
NEDS, 2009	1 year of data, in compressed, encrypted 1463 MB product file	<input type="checkbox"/> \$ 500.00 All Others <input type="checkbox"/> \$ 75.00 Students
NEDS, 2008	1 year of data, in compressed, encrypted 1387 MB product file	<input type="checkbox"/> \$ 500.00 All Others <input type="checkbox"/> \$ 75.00 Students
NEDS, 2007	1 year of data, in compressed, encrypted 1178 MB product file	<input type="checkbox"/> \$ 500.00 All Others <input type="checkbox"/> \$ 75.00 Students
NEDS, 2006	1 year of data, in compressed, encrypted 988 MB product file	<input type="checkbox"/> \$ 500.00 All Others <input type="checkbox"/> \$ 75.00 Students
TOTAL NEDS DATA COST: Calculate total cost for all NEDS files requested. See Part IV (page 8) for instructions on determining the total payment due:		

Section IV. Select Nationwide Readmissions Databases (NRD)

Database	Media/structure	Price
NRD, 2014	1 year of data, in compressed, encrypted 2 KB product file	<input type="checkbox"/> \$ 750 All Others <input type="checkbox"/> \$ 150 Students
NRD, 2013	1 year of data, in compressed, encrypted 2 KB product file	<input type="checkbox"/> \$ 500 All Others <input type="checkbox"/> \$ 150 Students
TOTAL NRD DATA COST: Calculate total cost for all NRD files requested. See Part IV (page 8) for instructions on determining the total payment due:		

Part III: Determine the Total Payment Due and Select Payment Method

Total Payment Due

If you need help determining the payment due, submit the completed application (pages 2–15), without payment, to the *HCUP Central Distributor* and request an invoice. An itemized invoice stating the total payment due, including taxes for applicants in Maryland and North Carolina, will be sent to you by fax or e-mail. Note that the HCUP Central Distributor collects taxes only from applicants in Maryland and North Carolina. All other applicants are responsible for determining tax liability and remitting taxes directly to State and local taxing authorities.

TOTAL PAYMENT DUE	
Total NIS Data Cost From Section I:	\$ _____
Total KID Data Cost From Section II:	\$ _____
Total NEDS Data Cost From Section III:	\$ _____
Total NRD Data Cost From Section IV:	\$ _____
Tax (MD & NC applicants only):	\$ _____
Total Payment Due:	\$ _____

Orders will not be filled until the completed application and full payment have been received.

Payment Methods

The HCUP Central Distributor accepts purchase orders, and payment may be made by major credit card, check, or wire transfer. Databases will not be shipped until payment is received.

Purchase orders may be paid by check or credit card. Please contact the Central Distributor by phone, fax, or at the mailing address below; do not email credit card information. **Wire transfer** information may be submitted to the Central Distributor by phone, fax, or to the mailing address below. Do not email wire transfer information.

Paying by Credit Card

Visa and MasterCard are accepted. Your credit card is not charged until the day your order is shipped. A credit card receipt for your purchase is included with the order.

Credit card information is accepted **only by** the Central Distributor's toll-free fax (866-792-5313), toll-free telephone (866-556-4287) or mail (see address below). **PLEASE DO NOT SEND CREDIT CARD INFORMATION BY E-MAIL.** If you would like to fax or mail the information, complete items 1–10 of the Credit Card Payment form on the next page and submit it with your itemized invoice or completed application to the following address:

HCUP Central Distributor
Social & Scientific Systems, Inc.
8757 Georgia Avenue, 12th Floor
Silver Spring, MD 20910
Toll-free Fax: (866) 792-5313

If you prefer to provide your credit card information by telephone, please call toll free (866) 556-4287 between 9 a.m. and 5 p.m. Eastern Time.

Paying by Check

Checks should be made payable to *Social & Scientific Systems, Inc.* Mail a check for the total payment due with your itemized invoice or completed application to the address listed above.

Part IV: Indemnification Clause

The Data Recipient ("Recipient") shall, to the extent permitted by Federal and State law, indemnify and hold Truven Health Analytics Inc. and its directors, officers, employees, agents, affiliates and subsidiaries harmless from any and all losses, claims, damages, liabilities, costs and expenses (including, without limitation, reasonable attorney's fees and costs) arising out of any claim arising from any third parties, including but not limited to any or some combination of the several States comprising the United States of America and/or the Government of the United States of America, concerning Recipient's use of the NIS, NEDS, NRD, KID, SID, SASD, or SEDD data ("HCUP Data") provided by Truven Health Analytics Inc. Further, Recipient agrees that Truven Health Analytics Inc. shall not be liable to Recipient for any reason whatsoever arising out of the HCUP Data or the Recipient's use of the HCUP Data.

The Data Recipient ("Recipient") shall, to the extent permitted by Federal and State law, indemnify and hold Social & Scientific Systems, Inc. (SSS) and its affiliates and their respective officers, directors, employees and agents harmless from any and all losses, claims, damages, liabilities, costs and expenses (including, without limitation, reasonable attorney's fees and costs) arising out of any claim arising from any third parties, including but not limited to any or some combination of the several States comprising the United States of America and/or the Government of the United States of America, concerning Recipient's use of the HCUP Data provided by SSS. Further, Recipient agrees that SSS shall not be liable to Recipient for any reason whatsoever arising out of the HCUP Data or the Recipient's use of the HCUP Data.

Signed: _____ Date: _____

Part V: HCUP Data Use Agreement Training

Because of the sensitive nature of the data contained in the Healthcare Cost and Utilization Project (HCUP) databases, there is a continued need to reinforce the safeguards and restrictions placed on use of the data. All data purchasers and users of HCUP data must complete the HCUP Data Use Agreement (DUA) Training Tool. This course emphasizes the importance of data protection, helps to reduce the risk of inadvertent violations, and describes your individual responsibility when using HCUP data. The course will take approximately 15 minutes to complete and you will not be required to take it more than once.

If you have not previously completed the HCUP DUA Training Tool, please go to the HCUP-US website at http://www.hcup-us.ahrq.gov/tech_assist/dua.jsp, complete the online HCUP DUA Training Tool, and enter the certification number at the end of the course in the space provided below.

HCUP DUA Training Tool Certification Code _____



DATA USE AGREEMENT for the Nationwide Databases from the Healthcare Cost and Utilization Project Agency for Healthcare Research and Quality

This Data Use Agreement (“Agreement”) governs the disclosure and use of data in the HCUP Nationwide Databases from the Healthcare Cost and Utilization Project (HCUP) which are maintained by the Center for Delivery, Organization, and Markets (CDOM) within the Agency for Healthcare Research and Quality (AHRQ). The HCUP Nationwide databases include the National (Nationwide) Inpatient Sample (NIS), Kids’ Inpatient Database (KID), Nationwide Emergency Department Sample (NEDS), and Nationwide Readmissions Database (NRD). Any person (“the data recipient”) seeking permission from AHRQ to access HCUP Nationwide Databases must sign and submit this Agreement to AHRQ or its agent, and complete the online Data Use Agreement Training Course at <http://www.hcup-us.ahrq.gov>, as a precondition to the granting of such permission.

Section 944(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) (“the AHRQ Confidentiality Statute”), requires that data collected by AHRQ that identify individuals or establishments be used only for the purpose for which they were supplied. Pursuant to this Agreement, data released to AHRQ for the HCUP Databases are subject to the data standards and protections established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191) and implementing regulations (“the Privacy Rule”). Accordingly, HCUP Databases may only be released in “limited data set” form, as that term is defined by the Privacy Rule, 45 C.F.R. § 164.514(e). HCUP data may only be used by the data recipient for research which may include analysis and aggregate statistical reporting. AHRQ classifies HCUP data as protected health information under the HIPAA Privacy Rule, 45 C.F.R. § 160.103. By executing this Agreement, the data recipient understands and affirms that HCUP data may only be used for the prescribed purposes, and consistent with the following standards:

No Identification of Persons—The AHRQ Confidentiality Statute prohibits the use of HCUP data to identify any person (including but not limited to patients, physicians, and other health care providers). The use of HCUP Databases to identify any person constitutes a violation of this Agreement and may constitute a violation of the AHRQ Confidentiality Statute and the HIPAA Privacy Rule. This Agreement prohibits data recipients from releasing, disclosing, publishing, or presenting any individually identifying information obtained under its terms. AHRQ omits from the data set all direct identifiers that are required to be excluded from limited data sets as consistent with the HIPAA Privacy Rule. AHRQ and the data recipient(s) acknowledge that it may be possible for a data recipient, through deliberate technical analysis of the data sets and with outside information, to attempt to ascertain the identity of particular persons. Risk of individual identification of persons is increased when observations (i.e., individual discharge records) in any given cell of tabulated data is less than or equal to 10. This Agreement expressly prohibits any attempt to identify individuals, including by the use of vulnerability analysis or penetration testing. In addition, methods that could be used to identify individuals directly or indirectly shall not be disclosed, released, or published. Data recipients shall not attempt to contact individuals for any purpose whatsoever, including verifying information supplied in the data set. Any questions about the data must be referred exclusively to AHRQ. By executing this Agreement, the data recipient understands and agrees that actual and considerable harm will ensue if he or she attempts to identify individuals. The data recipient also understands and agrees that actual and considerable harm will ensue if he or she intentionally or negligently discloses, releases, or publishes information that identifies individuals or can be used to identify individuals.

Use of Establishment Identifiers—The AHRQ Confidentiality Statute prohibits the use of HCUP data to identify establishments unless the individual establishment has consented. Permission is obtained from the HCUP data sources (i.e., state data organizations, hospital associations, and data consortia) to use the identification of hospital establishments (when such identification appears in the data sets) for research, analysis, and aggregate statistical reporting. This may include linking institutional information from outside data sets for these purposes. Such purpose does *not* include the use of information in the data sets concerning

individual establishments for commercial or competitive purposes involving those individual establishments, or to determine the rights, benefits, or privileges of establishments. Data recipients are prohibited from identifying establishments directly or by inference in disseminated material. In addition, users of the data are prohibited from contacting establishments for the purpose of verifying information supplied in the data set. Any questions about the data must be referred exclusively to AHRQ. Misuse of identifiable HCUP data about hospitals or any other establishment constitutes a violation of this Agreement and may constitute a violation of the AHRQ Confidentiality Statute.

The undersigned data recipients provide the following affirmations concerning HCUP data:

Protection of Individuals

- I will not release or disclose, and will take all necessary and reasonable precautions to prohibit others from releasing or disclosing, any information that directly or indirectly identifies persons. This includes attempts to identify individuals through the use of vulnerability analysis or penetration testing. I acknowledge that the release or disclosure of information where the number of observations (i.e., individual discharge records) in any given cell of tabulated data is *less than or equal to 10* can increase the risk for identification of persons. I will consider this risk and avoid publication of cell sizes less than or equal to 10.
- I will not attempt to link, and will prohibit others from attempting to link, the discharge records of persons in the data set with individually identifiable records from any other source.
- I will not attempt to use and will take all necessary and reasonable precautions to prohibit others from using the data set to contact any persons in the data for any purpose.

Protection of Establishments

- I will not publish or report, through any medium, data that could identify individual establishments directly or by inference.
- When the identities of establishments are not provided in the data sets, I will not attempt to use and will take all necessary and reasonable precautions to prohibit others from using the data set to learn the identity of any establishment.
- In accordance with the AHRQ Confidentiality Statute, I will not use and will take all necessary and reasonable precautions to prohibit others from using the data set concerning individual establishments: (1) for commercial or competitive purposes involving those individual establishments; or (2) to determine the rights, benefits, or privileges of individual establishments.
- I will not contact and will take all necessary and reasonable precautions to prohibit others from contacting establishments identified in the data set to question, verify, or discuss data in the HCUP databases.
- I acknowledge that the HCUP NIS, KID, and NRD may contain data elements from proprietary restricted computer software (3M™ APR DRGs, OptumInsight APS-DRGs, and Truven Health Analytics Disease Staging) supplied by private vendors to AHRQ for the sole purpose of supporting research and analysis with the HCUP NIS, KID, and NRD. While I may freely use these data elements in my research work using the HCUP NIS, KID, and NRD I agree that I will not use and will prohibit others from using these proprietary data elements for any commercial purpose. In addition, I will enter into a separate agreement with the appropriate organization or firm for the right to use such proprietary data elements for commercial purposes. In particular, I agree not to disassemble, decompile, or otherwise reverse-engineer the proprietary software, and I will prohibit others from doing so.

Limitations on the Disclosure of Data and Safeguards

- I, the undersigned data recipient, acknowledge and affirm that I am personally responsible for compliance with the terms of this Agreement, to the exclusion of any other party, regardless of such party's role in sponsoring or funding the research that is the subject of this Agreement.

- I will not release or disclose, and will prohibit others from releasing or disclosing, the data set or any part to any person who is not an employee, member, or contractor of the organization (specified below), except with the express written approval of AHRQ. I acknowledge that when releasing or disclosing the data set or any part to others in my organization, I retain full responsibility for the privacy and security of the data and will prohibit others from further release or disclosure of the data.
- I will not redistribute HCUP data by posting on any Website or other publically-accessible online repository.
- I will require others employed in my organization who will use or will have access to HCUP data to become authorized users of the data set by signing a copy of this data use agreement and completing the online Data Use Agreement Training Course at <http://www.hcup-us.ahrq.gov>. Before granting any individual access to the data set, I will submit the signed data use agreements to the address at the end of this Agreement.
- I will ensure that the data are kept in a secured environment and that only authorized users will have access to the data.
- I will not use or disclose and I will prohibit others from using or disclosing the data set, or any part thereof, except for research, analysis, and aggregate statistical reporting, and only as permitted by this Agreement.
- I acknowledge and affirm that interpretations, conclusions, and/or opinions that I reach as a result of my analyses of the data sets are my interpretations, conclusions, and/or opinions, and do not constitute the findings, policies, or recommendations of the U.S. Government, the U.S. Department of Health and Human Services, or AHRQ.
- I will indemnify, defend, and hold harmless AHRQ and the data organizations that provide data to AHRQ for HCUP from any or all claims and losses accruing to any person, organizations, or other legal entity as a result of violation of this agreement. This provision applies only to the extent permitted by Federal and State law.
- I agree to acknowledge in all reports based on these data that the source of the data is the “National Inpatient Sample (NIS), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality.” Substitute “Nationwide Inpatient Sample (NIS)” (if using data prior to 2012), “Kids’ Inpatient Database (KID),” “Nationwide Emergency Department Sample (NEDS),” or “Nationwide Readmissions Database (NRD)” as appropriate.
- I agree to report the violation or apparent violation of any term of this Agreement to AHRQ without unreasonable delay and in no case later than 30 calendar days of becoming aware of the violation or apparent violation.

Terms, Breach, and Compliance

Any violation of the terms of this Agreement shall be grounds for immediate termination of this Agreement. AHRQ shall determine whether a data recipient has violated any term of the Agreement. AHRQ shall determine what actions, if any, are necessary to remedy a violation of this Agreement, and the data recipient(s) shall comply with pertinent instructions from AHRQ. Actions taken by AHRQ may include but not be limited to providing notice of the termination or violation to affected parties and prohibiting data recipient(s) from accessing HCUP data in the future.

In the event AHRQ terminates this Agreement due to a violation, or finds the data recipient(s) to be in violation of this Agreement, AHRQ may direct that the undersigned data recipient(s) immediately return all copies of the HCUP Nationwide Databases to AHRQ or its designee without refund of purchase fees.

Acknowledgment

I understand that this Agreement is requested by the United States Agency for Healthcare Research and Quality to ensure compliance with the AHRQ Confidentiality Statute. My signature indicates that I understand the terms of this Agreement and that I agree to comply with its terms. I understand that a violation of the AHRQ Confidentiality Statute may be subject to a civil penalty of up to \$10,000 under 42 U.S.C. 299c-3(d), and that deliberately making a false statement about this or any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. § 1001 and is punishable by a fine of up to \$10,000 or up to five years in prison. Violators of this Agreement may also be subject to penalties under state confidentiality statutes that apply to these data for particular states.

Signed: _____ Date: _____

Print or Type Name: _____

Title: _____

Organization: _____

Address: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

E-mail: _____

The information above is maintained by AHRQ only for the purpose of enforcement of this Agreement.

Note to Purchaser: Shipment of the requested data product will only be made to the person who signs this Agreement, unless special arrangements that safeguard the data are made with AHRQ or its agent.

Submission Information

Please send signed HCUP Data Use Agreements and proof of online training to:

**HCUP Central Distributor
Social & Scientific Systems, Inc.
8757 Georgia Avenue, 12th Floor
Silver Spring, MD 20910
E-mail: HCUPDistributor@AHRQ.gov
Fax: (866) 792-5313**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0935-0206. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Agency for Healthcare Research and Quality, Attn: Reports Clearance Officer, 5600 Fishers Lane, Rockville, Maryland 20857.

OMB Control No. 0935-0206 expires 01/31/2019.

Final Checklist:

Have you . . .

- ✓ Completed Part I and Part II of the application (pages 2 and 3–7)?
- ✓ Determined the total payment due (page 8)?
- ✓ Included the necessary documentation if requesting student pricing (page 3–7)?
- ✓ If paying by check, have you enclosed a check payable to **Social & Scientific Systems, Inc** for the full amount due (page 8)?
- ✓ If paying by credit card, have you completed and signed the credit card payment form (page 9)?
- ✓ Read and signed the Indemnification Clause (page 10)?
- ✓ Completed the online HCUP Data Use Agreement Training Tool and provided your Certification Code (page 11)?
- ✓ Read and signed the “Data Use Agreement for Nationwide Databases” (pages 12–15)

If so, complete the application process by submitting your completed application (pages 2–15) by fax or mail to the HCUP Central Distributor, SSS, Inc. (Contact information is listed on page 2.)

For Internal Use Only:

Date Received: _____	DUA Signed/Dated: _____	Order Number: _____
Application Complete: _____	Payment Received: _____	Date Shipped: _____