

**Part B/ADAP & Medicaid Office
Data Sharing Agreement Template**

This agreement is between (the Part B/ADAP) and (the State Office of Medicaid), collectively referred to as “the Parties”, and is made effective upon the date of the last signature by the authorized representatives of the Parties.

PROJECT DESCRIPTION

SPECIFIC DATA REQUESTED

<p>HIV Related</p> <p>Prescription data</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tenofovir monotherapy (PrEP) <input type="checkbox"/> Single tablet regimens (STRs) <input type="checkbox"/> All other therapies <p>Medical data</p> <ul style="list-style-type: none"> <input type="checkbox"/> HIV diagnosis date <input type="checkbox"/> Late HIV diagnosis <input type="checkbox"/> AIDS diagnosis date <input type="checkbox"/> Oral exam <input type="checkbox"/> HIV risk counseling <input type="checkbox"/> Preventative care and screening for clinical depression <p>Laboratory data</p> <ul style="list-style-type: none"> <input type="checkbox"/> CD4 count test date/results <input type="checkbox"/> Viral load test results/ current disease status <input type="checkbox"/> Other data requested <p>_____</p>	<p>Hepatitis Related</p> <p>Prescription data</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ledipasvir and Sofosbuvir (Harvoni) <input type="checkbox"/> All other therapies <input type="checkbox"/> Hepatitis B vaccine <p>Medical data</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hepatitis diagnosis <input type="checkbox"/> Substance use screening <input type="checkbox"/> Preventative care and screening for clinical depression <p>Laboratory data</p> <ul style="list-style-type: none"> <input type="checkbox"/> Antibody screening (HCV) <input type="checkbox"/> RNA screening (HCV) <input type="checkbox"/> Viral genome testing (HCV) <input type="checkbox"/> Hepatitis B screening <input type="checkbox"/> Other data requested <p>_____</p>
--	---

*Algorithms needed are attached as an appendix.

DATA CHARACTERISTICS

Frequency of Sharing: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Annually: _____ <input type="checkbox"/> Other, please specify: _____
Data Level: <input type="checkbox"/> Statistically aggregate <input type="checkbox"/> Record- level <input type="checkbox"/> De-identified <input type="checkbox"/> Identifiable or client-level* *If identifiable, describe how data will be kept secure and actions if the data is breached	
Geographical Region or Location: <input type="checkbox"/> Entire state <input type="checkbox"/> EMA/TGA	<input type="checkbox"/> County(-ies), please specify: _____ <input type="checkbox"/> Other, please specify: _____

DURATION OF AGREEMENT

Intended Start Date:	Intended Stop Date:	Needed By Date:
----------------------	---------------------	-----------------

TECHNICAL EXCHANGE

File Format: <input type="checkbox"/> Excel <input type="checkbox"/> SAS <input type="checkbox"/> SPSS <input type="checkbox"/> Access <input type="checkbox"/> Word <input type="checkbox"/> Other, please specify: _____	File Transfer: <input type="checkbox"/> Secure download <input type="checkbox"/> Secure network folder <input type="checkbox"/> IronKey/USB <input type="checkbox"/> Other, please specify: _____
---	--

JUSTIFICATION FOR ACCESS

Federal Requirements
State Requirements

PROJECT PERSONNEL

[Empty box for Project Personnel information]

DISPOSAL OF DATA

[Empty box for Disposal of Data information]

THE PARTIES HERETO HAVE EXECUTED THIS DATA EXCHANGE
Persons signing for Parties hereby swear and affirm that they are authorized to act on behalf of their respective Party and acknowledge that the other Party is relying on their representations to that effect.

REQUESTING PARTY	ORIGINAL DATA OWNER
Authorized by:	Authorized by:
Signature:	Signature:
Date:	Date: