

**Part B/ADAP & Part A EMA/TGA  
Data Sharing Agreement Template**

This agreement is between (the Part B/ADAP) and (the Part A), 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**

**Part A Funded Services Data**

- Enrollment data
- AIDS pharmaceutical assistance data
- Early intervention services (EIS) data
- Health insurance premium and cost sharing assistance for low-income individuals data
- Home and community-based health services data
- Home health care data
- Hospice services data
- Medical case management, including treatment-adherence services data
- Medical nutrition therapy data
- Mental health services data
- Oral health data
- Outpatient and ambulatory medical care data
- Substance abuse outpatient care data
- Other data requested \_\_\_\_\_

\*Algorithms needed are attached as an appendix.

**DATA CHARACTERISTICS**

<b>Frequency of Sharing:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		<input type="checkbox"/> Annually: _____ <input type="checkbox"/> Other, please specify: _____	
<b>Data Level:</b> <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			
<b>Geographical Region or Location:</b> <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:
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**TECHNICAL EXCHANGE**

<b>File Format:</b> <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: _____	<b>File Transfer:</b> <input type="checkbox"/> Secure download <input type="checkbox"/> Secure network folder <input type="checkbox"/> IronKey/USB <input type="checkbox"/> Other, please specify: _____
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**JUSTIFICATION FOR ACCESS**

Federal Requirements
State Requirements

PROJECT PERSONNEL

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DISPOSAL OF DATA

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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: