HealthFacts Rhode Island Cohort Request User Certification

This Cohort Request User Certification for CR#**XX** (“Agreement”) acknowledges that the requestor is aware of and agrees to comply with all requirements for an RI APCD Cohort Request. The requestor attests that they understand the following requirements:

1. No RI APCD user shall attempt to identify an individual member using RI APCD data, or data outputs derived from RI APCD data.
2. RI APCD data shall not be linked with any other data source or information from another data source that could potentially re-identify a member or patient.
3. Cohort request specifications must follow the Researcher File Layout detailed in the RI Researcher Extract Request Specifications document and may include no more than 20 researcher supplied data fields.
4. Researcher supplied data fields may not include Personal Health Information (PHI) or information enabling re-identification by the researcher.
5. If multiple Cohort IDs are required for research, there may be no fewer than 11 members assigned to a single Cohort ID.

By signing below, the requestor acknowledges and agrees to abide by the requirements listed above and agrees to notify their project team of all requirements. Failure to comply with requirements listed above will result in immediate termination of access to the RI APCD and future access for a minimum of one year.

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Requestor Name Requestor Organization

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Requestor Signature Date Signed