

## **Healthcare Data Information Form**

Please check the appropriate box below and sign where indicated.

☐ **Limited Data Set Representation:**

It is hereby certified and represented by \_\_\_\_\_ that the healthcare data information provided herein to The MITRE Corporation ("MITRE") has been properly marked and classified as a "Limited Data Set" as defined under and referred to within the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) Act.

In addition to the representation above, the prior execution of a data use agreement is required in order for MITRE to receive a "Limited Data Set".

☐ **De-identified Data Representation:**

It is hereby certified and represented by \_\_\_\_\_ that the healthcare data information provided herein to The MITRE Corporation ("MITRE") has been properly marked and classified as "De-identified Data" as defined under and referred to within the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) Act.

Other than the representation above, no other agreement is required in order for MITRE to receive "De-identified Data".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date