**[Institution Name]**

Data Use Agreement

FOR DE-IDENTIFIED DATA SET RECIPIENT

THIS Data Use Agreement (“Agreement”) is effective upon execution and is entered into by and between the Regents of the University of California, on behalf of its San Francisco campus, a constitutional corporation located at 490 Illinois St., 5th Floor, Box 1209, San Francisco, CA 94143 (“Recipient”) and [institution name], an [State] not for profit organization located at [address] (“Data Provider”).

1. The DATA PROVIDER Principal Investigator is as follows:

Name: [required info]

Title: [required info]

Address: [required info]

1. The RECIPIENT Principal Investigator is as follows:

Name: Dr. Stuart Gansky

Title: Principal Investigator

Address: Preventive and Restorative Dental Sciences, Box #1361

95 Kirkham St, San Francisco, CA 94143

1. Description of Data Set: The data to be transferred consists of the common data elements collected within the [name of study]. The data are completely de-identified and consist of self-report questionnaire and community/neighborhood (ZIP code) level from the publicly available American Community Survey data on the social determinants of health, perceived health status, and related variables. The [name of study] is part of the [name of P50 center], and NIH-funded health disparities research center.
2. This Agreement is submitted to DATA PROVIDER as documentation that the DATA PROVIDER has identified data and plans to share completely de-identified data (generated from the identified data) with the RECIPIENT. This de-identified data set will contain no Protected Health Information. Protected Health Information shall have the same meaning as the term “protected health information” in 45 C.F.R. § 164.501. The RECIPIENT will not request identifying data under this agreement nor will RECIPIENT attempt to re-identify the data received under this agreement.

[Signatures on the following page]

RECIPIENT Read and Acknowledged by:

THE REGENTS OF THE UNIVERSITY OF RECIPIENT PRINCIPAL INVESTIGATOR

CALIFORNIA

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_Eric Hing\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_Stuart Gansky\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_Assistant Director\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATA PROVIDER Read and Acknowledged by:

[Name of institution] DATA PROVIDER PRINCIPAL

INVESTIGATOR

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: ­­

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_