

## AHRQ Bringing Predictive Analytics to Healthcare Challenge Data Use Agreement

Primary Participant Name:

Affiliation:

The Agency for Healthcare Research and Quality (AHRQ) will provide participants who complete the registration process with temporary access to customized AHRQ data files. These data files may ONLY be used for the purposes of this Challenge, as determined by AHRQ in its sole discretion. Upon completion of this Challenge, participants must REMOVE and DESTROY the original customized AHRQ files and any subset files and/or working files (created from these original files), from all networks, computers, and other media, in accordance with any instructions provided by AHRQ. Participants must verify to AHRQ that this requirement has been met no later than August 30, 2019. Failure to adhere to the requirements of this Agreement may result in disqualification from the Challenge and revocation of any prize.

In addition, users of the customized AHRQ data files agree to the following terms:

- I will make no attempts to identify individuals, including by the use of vulnerability analysis or penetration testing. In addition, methods that could be used to identify individuals directly or indirectly shall not be disclosed, released, or published.
- I will make no attempts to identify establishments directly or by inference.
- I will not use deliberate technical analysis to discover or release information on small numbers of observations  $\leq 10$ .
- I will not attempt to link this information with individually identifiable records from any other source.
- I will not attempt to use this information to contact any persons or establishments in the data for any purpose.

The use and disclosure of this data is governed by the terms of the AHRQ Confidentiality Statute. 42 U.S.C. 299c-3(c). Violations of the AHRQ Confidentiality Statute may be subject to a civil penalty of up to \$14,140 under 42 U.S.C. 299c-3(d). Violations of this Agreement may also be subject to penalties under state confidentiality statutes that apply to these data for particular states.

By signing below, I attest that I understand these conditions.

Signature:

Date: