

**ADDENDUM
MHA DATA USE AGREEMENT**

REQUESTING ENTITY ("Data User"): Health Department Division of Research and Evaluation, City of Minneapolis

DATA SET(S) REQUESTED: Minneapolis geography-limited

RANGE OF DATA REQUESTED (e.g, year, fiscal year): 2000-present year (year-to-date, quarterly updates)

REQUEST PURPOSE:

RESEARCH

Describe: _____

PUBLIC HEALTH

Describe: Analyze hospitalizations and emergency department visits using diagnostic and causal codes; stratify by selected socio-demographic characteristics and residential geographies; follow standard definitions for measuring indicators (e.g., CDC, Safe States Alliance); follow recommended practices for ensuring data privacy.

HEALTH CARE OPERATIONS OF HIPAA COVERED ENTITY

Data User is (must select one of the following):

Covered Entity

Business Associate of Covered Entity

If Business Associate, name of Covered Entity: _____

Describe: _____

INDIVIDUALS WITH ACCESS TO DATA: (List by name or title)

Division of Research and Evaluation staff: Division Director, 3-4 Senior Public Health Researcher/Epidemiologists, and 1-2 Research Assistants working under the supervision of senior staff.

PAYMENT: Payment by Data User Payment by Member

Fee for maintaining and transmitting Data Set: Not to exceed \$5000 Dollars annually

By signing below, I certify and represent on behalf of the Data User that the above information is accurate and complete, and acknowledge that it is the responsibility of the Data User to ensure that the proposed and actual uses and disclosures of the Data Sets obtained from MHA qualify, initially and on an on-going basis, for inclusion in the category selected above. All uses and disclosures of the Data Sets are subject to the terms of the Data Use Agreement between MHA and the Data User.

Signature: _____ (see next page)

Title: _____

Date: _____

FOR THE CITY:

**Finance Officer Designee
City Purchasing Agent
Enterprise Contract Administrator**

DATE _____

Approved as to Form:

By: _____
Assistant City Attorney

DATE _____

**Gretchen Musicant, Commissioner of Health
Department Head responsible for Contract Monitoring for this contract**

DATE _____