

Agency for Health Care Administration
Florida Center for Health Information and Transparency
Limited Data Set Data Use Agreement – Instructions
(Agreement revised July 2019)

1. Please fill out the Limited Data Set Data Use Agreement (DUA) only when requesting patient level data.
2. The DUA must be completed in its entirety including a description of the purpose for which the data will be used, the description of the data, and the custodian of the designated record set and a list of all individuals or entities that require access to the limited data set (Numbers 1, 2 and 5 respectfully of the DUA).
3. Appropriate responses to purpose of agreement (Number 1 of the DUA) are for purposes of public health or research. Please check the box next to the purpose of your project and provide a detailed description.
4. An example of the description of data (Number 2 of the DUA) is Hospital Inpatient Data 4Q 2016.
5. The point of contact (Number 4 of the DUA) is:
Agency for Health Care Administration
Florida Center for Health Information and Transparency
Office of Data Dissemination and Transparency
2727 Mahan Drive, MS 16
Tallahassee, FL 32308
Phone: (850) 412-3772
Fax: (850) 488-1261
Email: contactus@ahca.myflorida.com
6. The disposition date (see Number 13) is two years from the signature date.
7. A new DUA must be completed for each new data request.
8. This Agency will not send new contracts or reminder notices of retention expirations.
9. The data does not have to be destroyed upon the retention date if the DUA is renewed and approved by the appropriate parties.
10. Upon completion of the DUA and signatures of both parties, a copy will be given to the Applicant. The original will be maintained by the Florida Center for Health Information and Transparency.