

DSA#:



## Defense Health Agency (DHA) Certification of Data Disposition - Data Sharing Agreement

This template is for the sole purpose of certifying that data used in connection with a Data Sharing Agreement (DSA) that was executed with the DHA Privacy and Civil Liberties Office (Privacy Office) has been appropriately disposed of in a timely manner. Submit this template or other inquiries to the Privacy Office at DHA.DataSharing@mail.mil.

DSA Title:

APPLICANT / RECIPIENT INFOR	RMATION	
Name & Title / Rank:	<u></u>	E-Mail Address:
Company / Organization:		Phone Number:
GOVERNMENT SPONSOR INFO	PRMATION	
Name & Title / Rank:		E-Mail Address:
Office / Organization:		Phone Number:
DATA DETAILS		
Data System(s)	Data File(s)	Disposition (Destroyed, Returned, Transferred, Retained)

## CERTIFICATION OF DATA DISPOSITION Check the appropriate certification(s) below regarding disposition of all data, including derivative data, and data in the possession of any business associate, agent, or subcontractor requested in the abovereferenced DSA: Simple disposition: Data Destruction. All data have been destroyed by DoD approved shredding or burning of hard copy files/data, over-writing, degaussing, and/or physical destruction of electronically stored media. Data Return. All data have been returned to DHA. Return data only if requested to do so by DHA. No Data for Disposition. No data were ever downloaded or maintained locally in any form or format or were ever printed in hard copy in connection with the above-referenced DSA. Specific disposition: Some Data remain in use. Some data have been destroyed, returned or transferred and some data remain in use, as indicated in the next section. Repository(ies). The following type of data was placed in the repository or repositories listed below: (IMPORTANT NOTICE: DHA data is not permitted to be placed or maintained in any repository without first obtaining review and approval by the DHA Privacy Office for the specific repositories listed below.) ☐ Information that is not health related Personally Identifiable Information (PII) – Specify names of repository(ies) below: De-identified health information that meets HIPAA compliance requirements – Specify names of repository(ies) below: ☐ Limited Data Set (LDS) – Specify names of repository(ies) below: Protected Health Information (PHI) – Specify names of repository(ies) below: Other (explain below). If additional space is needed attach information on a separate document.

## **PRIVACY NOTICE**

Data Sharing Agreements are project or contract-specific, not individual data user-specific. Only the names and professional contact information of the Applicant and Government Sponsor should be listed. The names and contact information for the listed individuals are maintained so information and notices can be sent to these individuals. It may be protected under the provisions of the Privacy Act of 1974 and only released as permitted by law.

By signing below, Applicant/Recipient and Government Sponsor acknowledge that the information above is truthful and accurate. Applicant/Recipient and Government Sponsor further attest that they are authorized to sign this request on behalf of their respective organizations. Applicant/Recipient and Government Sponsor agree that any data system(s), file(s), and data elements retained (as listed above) may only be retained until the executed DSA expires.		
Government Sponsor Signature	Date	
The Applicant/Recipient and Sponsor have agreed (30) days of the expiration of the DSA or the date of whichever comes first.	to submit this template to the Privacy Office within thirty f notification that the data are no longer necessary,	
Internal Use Only		
DSA: #	Date:	
Linear receipt of this Contificate of Data Disposition th	ne following finding is made:	
Upon receipt of this Certificate of Data Disposition th		
Some data remain in a repository(ies) as indicate of Data Disposition to The DSA has been closed.	cated above after approval by the DHA Privacy Office.	
☐ Some data remain in a repository(ies) as indic		