

National Ambulatory Medical Care Survey

Data Use Agreement

Data Use Agreement Between Centers for Disease Control and Prevention's National Center for Health Statistics, U.S. Department of Health and Human Services, and National Ambulatory Medical Care Survey Participating Physician

The Privacy Rule as mandated by the Health Insurance Portability and Accountability Act (HIPAA) allows physicians to disclose limited data sets (i.e., data sets with no direct patient identifiers) for research and public health purposes if there is a data use agreement between the physician and the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS). This document serves that purpose and describes how the data will be used and establishes who is to receive or use the data.

Use of data and assurances of confidentiality

NCHS is charged, under Title 42, United States Code, Section 242k, with supporting statistical and epidemiological activities to improve the effectiveness, efficiency, and quality of health services in the United States. For purposes of health-related research and statistical analysis, NCHS conducts the National Ambulatory Medical Care Survey (NAMCS), which collects information on visits to physician offices. Specifically, these data are used to describe the patients that utilize physician services, the conditions treated, and the diagnostic and therapeutic services rendered, including medications prescribed.

According to the Privacy Rule, you may release data for NAMCS to NCHS without patient authorization and without accounting for the disclosures when the data set excludes direct identifiers of the individual patients or relatives of patients, employers, or household members of the patient. NAMCS does not collect direct identifiers such as patient name, address, or telephone number; however, we do collect medical record number. If the provider wishes to enter into a data use agreement with NCHS, they can choose simply not to provide or allow the release of medical record number in the data. Retaining the medical record number satisfies the requirements of a data use agreement. Furthermore, we do collect date of visit, patient's birth date, and residential ZIP Code, which are not directly identifiable but are considered protected health information under the Privacy Rule.

Although the majority of the data provided to NCHS are not directly identifiable, the confidentiality of the data must be protected. As our agents, U.S. Census Bureau employees are covered by Section 308(d) of the Public Health Service Act [42 USC 242m(d)], which strictly controls the release of confidential data. They are also covered by provision of the Confidential Information Protection and Statistical Efficiency Act, which provides for stiff fines and a felony conviction for unauthorized release of confidential information. After data collection, the only persons to be granted access privileges to the protected health information will be NCHS staff and its agents who have (a) been authorized to work with the file, (b) signed the Nondisclosure Statement in the NCHS Staff Manual on Confidentiality, and (c) seen the NCHS confidentiality video.

Microdata files of all sampled visits will be released to the public; however, they will not contain any protected health information or patient medical record number. For the public-use files, date of visit is converted to month and day



of week, birth date is converted to patient's age, and ZIP Code is deleted. Patient's ZIP Code is used internally to match the visit data to characteristics of the patient's residential area, such as median household income or average winter temperature. The purpose of collecting medical record number is to allow the Census Field Representatives (FRs) who are abstracting to move within the office or Community Health Center and gather information from different record keeping systems, and be able to switch back and forth between visit records. This information will also be helpful when the FR (1) reviews specific cases for consistency and accuracy and (2) needs to follow up with the office to clarify or correct missing information. Information you supply to NAMCS is used only for public health and research purposes. No authority can obtain identifiable data from NCHS without prior permission granted to them by the responding physician. NCHS and its agents physically safeguard the data and are bound by statutory confidentiality restrictions of Section 308(d) of the Public Health Service Act [42 USC 242m(d)]. Under this law, no information collected may be used for any purpose other than that described previously. Such information may not be published or released to anyone we have not described previously if it would serve to identify an individual to which it pertains or the person or establishment supplying it.

NCHS will be the custodian of the data files and, as such, will be responsible for observing all conditions of use and for establishing and maintaining the security arrangement to prevent unauthorized use of these files. This includes administrative, technical, and physical safeguards. Also, NCHS will be responsible for observing all conditions of use and for specifying authority for access to these files in accordance with the terms of this data use agreement. For more information on how NCHS protects your data, visit our website at http://www.cdc.gov/nchs/about/policy/confidentiality.htm.

As required by the Privacy Rule [45 CFR 164.514 (e)(4)(ii)], NCHS agrees to:

- Not use or further disclose the data collected under this agreement for any purposes not stated previously.
- Use appropriate safeguards to prevent other use or additional disclosures.
- · Report to you any nonagreed disclosures should they occur.
- Ensure that any CDC agents using the data agree to the previous conditions.
- Not try to identify patients or sampled physicians based on the data obtained via this agreement.

More information about the NAMCS public-use data files can be found at http://www.cdc.gov/namcs. Historically, NCHS has adhered to the requirements presented in this Data Use Agreement and has never had any inappropriate disclosures of its data. Thank you for your cooperation.

Charles J. Rothwell, M.S., M.B.A. Director National Center for Health Statistics Centers for Disease Control and Prevention