**Request to Access and Use SIMS/DTA Data**

1. **Description**: *A specific and meaningful description of the information to be disclosed.*

This request seeks access to the SIMS/DTA reporting portal and SIMS/DTA data reports by the requester named below. None of the data fields or SIMS data reports will include any personally identifiable information about the consumers served by EOEA. The requester will not have access to any personally identifiable information except for the name of the case manager.

1. **Authorized to Disclose:**  *The name or other specific identification of the category of person or person(s) authorized to make the requested use or disclosure.*

University of Massachusetts Medical School (UMMS), 333 South Street, Shrewsbury, MA

1. **Authorized to Receive:** *The name, title, email address and Agency name of the data requester to whom the requested use or disclosure of SIMS data may be made.*

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1. **Purpose**: *(A description of the purpose of the use or disclosure.)*

EOEA seeks to make data reports from the SIMS database accessible to the ASAP users for purposes of operational analysis, including potential for evaluation of specific services and policies and the impact of these on state spending, utilization and trends.

1. **Acknowledgement:** *Each SIMS data requestor acknowledges his/her obligations in connection with the requested use or disclosure.*

Each authorized ASAP user will have an individual account with role-based data access and user authentication protocols. An authorized user must sign an agreement to abide by the applicable laws, regulations and policies which govern the use and security of computer systems and data maintained by UMMS. Users who knowingly and willfully attempt to access data, for which there is no authorization, or allow their passwords to be shared, will be permanently terminated from access to the SIMS data reports.

1. **Expiration date or event**: *An expiration date or expiration event.*

One year from date of signature, unless earlier terminated by EOEA.

1. **Signatures:** Signatures of the *SIMS data requestor*, the responsible *executive director* or *other chief executive*, and the *EOEA Managing Director* for the SIMS Project and the date.

**I certify that the above information is complete and accurate.**

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**Data Requester Date**

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**Executive Director Date**

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**EOEA Managing Director Date**