

DATA USE AGREEMENT

Attachment E

Certificate of Return or Destruction/Sanitization of Confidential Data

I, _____ (Custodian of Data), hereby certify the following to be true and correct:

I. I am employed by _____ (User) as a(n) _____ (occupation).

II. Pursuant to the **Data Use Agreement** ("Agreement") to which this **Attachment E** is incorporated between the Mississippi Division of Medicaid ("DOM") and _____ (User), I received and acted as custodian of the DOM Data described in **Attachment A of the Agreement**.

III. The purpose for receiving the DOM Data described in **Attachment A** has been met.

OR

The purpose for receiving some of the DOM Data described in **Attachment A** has been met. That data is specified as follows:

IV. In compliance with **section (III)(b) of the Agreement**, the DOM Data indicated in **section (III) of this Certificate of Return or Destruction/Sanitization of Confidential Data** has been returned to DOM by _____ (method of return) or destroyed/sanitized by _____ (method of destruction/sanitization) on ___/___/___ (date).

(Signature of Custodian of the File(s)) _____

(Date) _____