Docusign Envelope ID: 15140CFD-9884-84F1-8027-FA2195162BE1

NEW YORK eHEALTH COLLABORATIVE

SDI Data Use Request: Summary Decision Memo

Administrative Data:

Title: ***Use of SHIN-NY data for Ex parte Medicaid Determination***

Tracking Number: ***DG-65***

Date of Data Use Request Receipt: ***August 11, 2026***

Date NYeC Evaluation Completed: 8/11/2026

NYeC Determination (if applicable): N/A

Date of NYeC Recommendation (if applicable): 8/11/2026

Date of SDUC Decision (if applicable): August 13, 2026

Note: Attached to this Summary Decision Memo is the Data Use Request (and any supporting documentation) provided to NYeC by the NYS Department of Health Authorized Requester

Overview and Description of Request:

New York Medicaid, administered by the NYS Department of Health, Office of Health Insurance Programs, requests use of SHIN-NY clinical data to support ex parte identification of Medicaid members who may qualify for exemptions from federal Medicaid community engagement and eligibility verification requirements under 42 U.S.C. § 1396a(xx). The request is for a Medicaid Permitted Purpose and is scoped to an initial use case involving pregnancy/postpartum status and recent hospitalization indicators. Medical frailty-based exemptions are expressly excluded from the initial scope and are expected to be addressed by a subsequent Data Use Request after New York Medicaid defines the applicable conditions/code list.

The request states that Medicaid will supply SHIN-NY with a cohort of applicable individuals, demographic matching identifiers, corresponding CINs, and exemption code lists. SHIN-NY would run matching and indicator logic and return results only for members who match an exemption criterion. Returned records would include the CIN supplied by Medicaid, the exemption category indicator, and the qualifying exemption event date, the qualifying code value and result, and facility.

SHIN-NY would not make eligibility or exemption determinations; those determinations would remain a Medicaid program function.

The requested data would be individually identifiable health information. Delivery is proposed through an existing secure Snowflake-to-Snowflake link between Medicaid and NYeC, using the same architecture as the 1115 Medicaid data exchange. The request identifies an expected project start date

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of January 1, 2027, a need-by date of September 1, 2026, and an ongoing project end date because the feed would support ongoing statutory compliance under 42 U.S.C. § 1396a(xx).

NYeC Review

Based on NYeC's review, the Data Use Request is found to be:

I. Procedure

☒ Made by an Authorized Requester

Authorized Requester Name: James Kirkwood

Authorized Requester Title: Chief Technology Officer

Authorized Requester's Organization/Entity Name: New York State Medicaid Program, administered by the NYS Department of Health, Office of Health Insurance Programs

☐ Not made by an Authorized Requester

Requester Name: _____

Requester Title: _____

Requester's Organization/Entity Name: _____

II. Purpose

☐ Public Health Permitted Purpose

☐ Data Use Request

☐ Narrow Data Use Request

☐ Data Use Request for Urgent Public Health Surveillance

☒ Medicaid Permitted Purpose

☒ Data Use Request

☐ Narrow Data Use Request

☐ Other (brief description: _____)

III. Compliance

	Compliant	Not Compliant	Not Applicable
Statewide Common Participation Agreement (SCPA)	☒	☐	☐

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Data Use and Contribution Agreement (DUCA) *	☒	☐	☐
SHIN-NY Regulations & Applicable SHIN-NY SOPs	☒	☐	☐
Applicable Law	☒	☐	☐

Justification for Compliance Findings:

The SHIN-NY regulations define "Medicaid purposes" as "purposes related to the administration of the Medicaid program." 10 NYCRR § 300.1(p). Section 9.2(b)(ii) of the SCPA includes "Medicaid purposes" among the SDI Permitted Purposes for which data maintained in the SDI may be used and disclosed. Verifying whether a Medicaid member satisfies, or is excluded from, a federal condition of Medicaid eligibility is part of the administration of the Medicaid program, and the request is therefore for a Medicaid Permitted Purpose in accordance with the SDI Data Use Approval SOP. *See*, SDI Data Use Approval SOP, page 8. Under HIPAA, determinations of eligibility and coverage are payment activities are permitted under 45 C.F.R. § 164.501, and disclosure to a health plan for that plan's payment activities is permitted under 45 C.F.R. § 164.506(c)(3).

As the single state agency responsible for administering Medicaid, New York Medicaid has an administrative requirement to first attempt eligibility renewal through reliable information already available to it before requesting information from an individual, commonly known as ex parte renewal. *See* 42 C.F.R. § 435.916. Further, under 42 U.S.C. § 1396a(xx), New York Medicaid is directed to establish processes that use reliable information already available to the State, including encounter data, to verify compliance, determine that an individual is deemed to have demonstrated community engagement, or determine that an individual qualifies as a specified excluded individual without requiring the individual to submit additional information. Accordingly, ex parte verification is a Medicaid administrative purpose and therefore a "Medicaid purpose" under SHIN-NY regulations and SHIN-NY SOPs.

Affirmative consent is not required for this use case in accordance with Section 1.2.10 of the SHIN-NY Privacy and Security SOPs. The request also satisfies the minimum necessary standard because the disclosure is structured as a targeted match-and-return process rather than a bulk clinical extract. Medicaid supplies the cohort, matching identifiers, CINs, and exemption code lists; SHIN-NY performs the matching and indicator logic; and results are returned only for members who match an exemption criterion. For each matching member, the returned information is tied to an articulated necessity: the CIN associates the result with the correct member; the exemption category indicator and matched code value provide the evidentiary basis for the determination; the qualifying event date confirms the applicable lookback or exemption period, including the pregnancy/postpartum period where applicable; and the source facility identifier is included solely to provide provenance for audit and traceability. The exclusion of medical frailty indicators from the initial scope, and the exclusion of records from 42 C.F.R. Part 2-only facilities, further narrows the disclosure.

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As stated in the request, data received under this approval will be used by New York Medicaid and its authorized staff, contractors, and systems acting on its behalf solely to conduct ex parte identification of members who may qualify for a recognized exemption and to incorporate those results into Medicaid's eligibility and exemption workflows. SHIN-NY does not make eligibility or exemption determinations; those determinations, together with any associated Member notice and appeal rights, remain the responsibility of the Medicaid program. Redisclosure is limited to authorized Medicaid program operations and to the contractors or systems necessary to carry out this approved use case. Any such contractor or system must remain subject to applicable privacy, security, access control, audit, minimum necessary, and contractual flow-down requirements, including the confidentiality requirements applicable to Medicaid Confidential Data under the SCPA and related agreements and SOPs.

Conditions of approval

NYeC's recommendation of approval is subject to the following conditions:

1. **Medical Frailty Exemptions:** This approval extends only to the pregnancy / postpartum and recent hospitalization indicators. It is expected that New York Medicaid will submit a request to amend this Data Use Request once it has defined the conditions and code list applicable to the statutory medical frailty categories at 42 UFC § 1396 a(xx)(9)(A)(ii)(V).
2. ***Non-matching Members:*** SHIN-NY data is not a complete record of all care delivered in New York State and a "non match" should not be used as evidence of nonexemption.

Subject to the foregoing conditions and for the foregoing reasons NYeC recommends approval of this use case by the SDUC.

NYeC Determination: Narrow Data Use Request

☐ Approved

☐ Denied (description of reason[s]):

_____

_____

NYeC Determination: Urgent Public Health Surveillance Data Use Request

☐ Approved

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☐ Denied (description of reason[s]):

NYeC Recommendation to SDUC: Data Use Request

☒ Approval

☐ Denial (description of reasons[s]):

Signed by: Alexandra Fitz CB567B7186BD443...

8/11/2026

NYeC Head of Enterprise Initiatives — Date

DocuSigned by: Charlie Feldman 0CADF6960C7C420...

8/11/2026

NYeC Privacy & Compliance Officer — Date

SDUC Determination

☒ Approved

☐ Denied (description of reason[s]):

Signed by: Paul L. Ulrig 0CB111D9525B412...

8/25/2026

SDUC Chair — Date

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Project Name: use of SHIN-NY data for Ex parte Medicaid Determination
Tracking ID: DG-65

A. Request Overview

Item	*Response*
1) **Authorized Requester Information Description** Idei:itification of the Requester's Organization and a brief description of the requester type (e.g., public health authority (PHA); PHA contractor; government agency (specify) etc.)	New York State Medicaid Program, administered by the NYS Department of Health, Office of Health Insurance Programs
2) **Project Description** Summary of the project including how this data will be used.	New York Medicaid seeks to use SHIN-NY clinical data to enable ex parte identification of individuals who qualify for exemptions from the federal Medicaid community engagement work requirements and eligibility verification requirements established under the One Big Beautiful Bill Act ("OBBBA" or "H.R.1"), Pub L. No. 119-21 at 42 U.S.C. § 1396a. The requested data will serve as an additional trusted electronic source of clinical indicators, initially those supporting the pregnancy/postpartum and recent hospitalization exemptions, to support Medicaid's statutorily required ex parte verification process under 42 U.S.C. § 1396a(xx)(5), which directs states to use reliable information already available to them, including encounter data, before requiring additional information from a Member. Exemptions based on medical frailty are outside the scope of this request. Should NYS Medicaid seek to add them, it will submit a new Data Use Request. Operationally, this request contemplates that Medicaid will supply the SHIN-NY with the cohort, matching identifiers, and the applicable code lists. SHIN-NY will return a result only for Members whose records satisfy an exemption criterion and will return nothing for all others. SHIN-NY clinical data is often available substantially earlier than comparable Medicaid claims and encounter data, allowing Medicaid to

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	identify potentially exempt individuals sooner and reduce unnecessary beneficiary documentation requests when reliable information is already available. SHIN-NY will not make eligibility or exemption determinations; rather, it will supply the clinical evidentiary basis on which Medicaid's own ex parte verification process acts, helping reduce administrative burden, preserve continuity of coverage for exempt populations, and increase the accuracy and timeliness of exemption-related determinations without requiring documentation from the member.
3) **Permitted Purpose Description**	D Public Health Activity Permitted Purpose D Data Use Request with Individually Identifiable Health Info (e.g. PHI} D Narrow Data Use Request (e.g. de-identified; LOS). If this box is checked, Requester must complete attestation below in Section D(3)(c). D Data Use Request for Urgent Public Health Surveillance ☒ Medicaid Permitted Purpose ☒ Data Use Request D Narrow Data Use Request (e.g., de-identified; LOS) If this box is checked, Requester must complete the attestation below in D(3}(c). O Other: Click or tap here to enter text.
4) **Description of Intended Use** Describe the intended use of data, including any intended disclosure or re-disclosure, and the basis on which the intended use, disclosure or re-disclosure is for a Public Health Activity Permitted Purpose or a Medicaid Permitted Purpose and otherwise in compliance with the Statewide Common Participating Agreement (SCPA), the Data Use and Contribution Agreement (DUCA), the **SHIN-NY** Regulations and **SHIN-NY** Standard Operating Procedures (SOPs) and applicable law.	The requested SHIN-NY data will be used by New York Medicaid and its authorized staff, contractors, and systems acting on its behalf to conduct ex parte identification of Medicaid members who may qualify for exemptions from the community engagement and eligibility verification requirements established under 42 U.S.C. § 1396a(xx), as required by 42 U.S.C. § 1396a(xx)(5). Use is limited to matching Medicaid Member records to available SHIN-NY clinical indicators, evaluating whether those indicators support a recognized exemption category under 42 U.S.C. § 1396a(xx)(3)(A) or§ 1396a(xx)(9)(A)(ii) (limited to pregnancy/ postpartum status and recent hospitalization; medical frailty categories are outside the scope of this request and would require a new Data

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	Use Request , and incorporating the results into Medicaid's eligibility and exemption workflows. **SHIN-NY** will not make eligibility or exemption determinations. Those determinations remain a Medicaid program function made by Medicaid applying its exemption criteria to the matched clinical facts **SHIN-NY** returns as the evidentiary basis for each result (See below, Section 8(1)). Because SHIN-NY data is not a complete record of all care delivered in New York State the absence of a returned indicator does not establish that a member is not exempt. Medicaid will not treat a non-match as evidence of non-exemption. Any disclosure or redisclosure of the data will be limited to authorized Medicaid program operations and to the contractors or systems necessary to carry out this approved use case, subject to applicable privacy, security, access control, audit, and minimum necessary requirements, and will be implemented in compliance with the SCPA, DUCA, SHIN-NY Regulations, SHIN-NY SOPs, and applicable federal and state law. This is a Medicaid permitted purpose. Verifying whether a Member satisfies or is excluded from a federal condition of Medicaid eligibility is "administration of the Medicaid program" pursuant to 10 NY.C.R.R. § 300.1 (p). It supports lawful Medicaid eligibility administration, continuity of coverage for exempt populations, and reduction of unnecessary beneficiary documentation burden where reliable electronic data is already available.
5) **Target Population Inclusion** Specify the criteria used for the dataset. Typical inclusion criteria are: demographic, clinical, and geographic characteristics.	New York Medicaid members who are "applicable individuals" subject to the community engagement requirement under 42 U.S.C. § 1396a(xx), generally non-elderly adults enrolled in the ACA expansion population, for whom Medicaid is conducting ex parte verification of community engagement compliance or exemption status

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6) **Target Population Exclusion** Specify the criteria that would exclude the case/data from being included in the dataset. (For example, if you are looking at residents of certain counties or only looking for persons over the age of 65.)	Records from 42 CFR Part 2-only facilities will be excluded from the dataset.
7) **What law, regulation, rule or agreement grants the authority to obtain this information?** Identify, in detail, the laws, regulations, contracts, SHIN-NY SOPs and other governing documents that allow and authorize access to the data requested.	The SHIN-NY regulations define "Medicaid purposes" as "purposes related to the administration of the Medicaid program." 10 N.Y.C.R.R. § 300.1(p). New York Medicaid's administrative obligations include an ex parte verification obligation, and its authority to use reliable information already available to the state to verify Medicaid community engagement compliance or exemption status, derives from 42 U.S.C. § 1396a(xx)(5), as added by Section 71119 of H.R.1. That provision directs states to establish processes using reliable information already available, including encounter data, to verify compliance, determine whether an individual is deemed to have demonstrated community engagement, or determine whether an individual qualifies as a specified excluded individual, without requiring the individual to submit additional information where possible. The mandatory exemption categories include pregnancy/postpartum status and recent hospitalization are codified at 42 U.S.C. § 1396a(xx)(3)(A) and § 1396a(xx)(9)(A)(ii). This ex parte mechanism operates alongside the pre-existing renewal framework at 42 C.F.R. § 435.916, which similarly requires states to first attempt eligibility renewal using reliable information already available before requesting information from the individual. CMS's interim final rule requires each state to develop and maintain its own diagnosis/code list for the statutory medical frailty categories at 42 U.S.C. § 1396a(xx)(9)(A)(ii)(V), subject to CMS audit, and limits states to data no older than 12 months. Since New York Medicaid has not yet defined that list, medical frailty-based exemptions are outside the scope of this request. The exemption code lists Medicaid will supply are limited to codes evidencing (1) pregnancy/postpartum status and (2) inpatient hospital admission or discharge. The exemption code lists will be provided to **NYeC** prior to

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	initiation of the feed, and will not be expanded to any other exemption category, or to any additional clinical domain, without a new Data Use Request.
8) **Is this data currently being supplied to Requester from another source? *** (yes/no)	Yes
9) *If Yes, explain where data is being supplied from and why Statewide Data Infrastructure (SDI) Data is being requested. (SDI data is data held in the "statewide repository" referred to in 10 NYCRR §300.2(f)(5))	Medicaid receives equivalent data in Claims; however that data has a substantial lag. SHIN-NY Data reflects clinical events on a faster timeline.
10) **What is the expected start date of this project?** The date when the project work is expected to begin (Mo/Day/Yr.).	**1/1/2027**
11) **Is this request time-sensitive and/or critical? *** (yes/no)	Yes
12) *If time-sensitive or critical, explain	Medicaid needs to build the processes/system to receive this data and given the scope-scale of the Medicaid systems that will take time.
13) **When is this information needed?** The date by which Requester would need the report/data (Mo/Day/Yr.).	**9/1/2026**
14) **What is the expected end date of this project?** The date when the project is expected to end (Mo/Day/Yr.).	**Not applicable - project is ongoing- this feed will support ongoing statutory compliance under 42 U.S.C. § 1396a(xx)**

(B) Technical Specifications Data Use Request

1) **What data elements are needed?** Describe all the data fields required for your project (example: Date of birth, diagnosis codes, etc.)	**Disclosure Model:** New York Medicaid will supply SHIN-NY with a cohort of applicable individuals, demographic matching identifiers, and the corresponding Medicaid Client Identification Number **(CIN),** together with the exemption code lists to be applied. SHIN-NY will match that cohort against its clinical data, run

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	the exemption indicator logic, and return results only for each flagged member. The returned record will include the specific matched clinical fact that satisfied the exemption criterion, so that the record is sufficient on its face to serve as the auditable evidentiary basis for Medicaid's ex parte determination. The broader clinical records **SHIN-NY** evaluates in computing an indicator are an input to that analysis and are not disclosed to Medicaid. Disclosure is limited to flagged individuals and, for each, to the matched fact only. Consistent with Items 2 and 4, SHIN-NY does not make eligibility or exemption determinations; it supplies the evidentiary basis, and Medicaid makes the determination. **Minimum necessary data elements requested to be sent by SHIN-NY to Medicaid:** **(1) Medicaid Client Identification Number (CIN)** The join key returned so Medicaid can associate the result with the correct member; this echoes the identifier Medicaid supplies for matching, and no additional **SHIN-NY** demographic data, such as name, address, or full date of birth, is disclosed back; **(2) exemption category indicator.** A coded value identifying which exemption category the member's clinical data matched, limited for this request to pregnancy/postpartum status and recent hospitalization; this is a derived analytic output produced by **SHIN-NY** applying Medicaid's code lists and is not a stored clinical data element; **(3) matched qualifying code value(s) and result.** The specific code(s) and, where applicable, result value that satisfied the exemption criterion. For pregnancy/postpartum, this may include the matched ICD-10-CM diagnosis code and/or LOINC-coded pregnancy test with result and estimated date of delivery or gestational age needed to establish the

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	postpartum medical assistance period. For recent hospitalization, this may include the encounter/admission type. This element is limited to the fact that triggered the match, not the member's diagnosis history, problem list, or any other clinical content. It is necessary for the returned record to function as the auditable evidentiary basis of the ex parte determination, without which Medicaid would be required to await lagged claims data or seek documentation from the member, defeating the purpose of the request; **(4) qualifying event date(s).** The date or date range of the clinical event underlying the indicator, so Medicaid can confirm the information falls within the 12-month currency window required by CMS's interim final rule and, for pregnancy/postpartum, establish the applicable exemption period; and **(5) source facility identifier.** The facility associated with the matched event, disclosed solely as provenance so the evidentiary basis of the determination is traceable for CMS audit purposes. Demographic identifiers used for matching, such as name and date of birth, flow from Medicaid to SHIN-NY as inputs to the linkage step and are not newly disclosed by SHIN-NY. No data elements are disclosed for members who do not match an exemption criterion. Records from 42 C.F.R. Part 2-only facilities are excluded from the matching data set. Medical frailty-based indicators are excluded from this request and will be added by amendment to this use case once New York Medicaid defines the applicable condition/code list *(See above,* Section A(7)).
2) **Is the data being requested** **1) individually identifiable health data,** **2) limited data set (LDS)* or** **3) de-identified*? (select from drop down).** *If the data requested is a Limited Data Set (LOS) or de-identified data, Requester must	**1) Individually Identifiable Health Info**

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complete attestation below in Section D(3)(c).	
3) **Proposed delivery method*** (select from drop-down)	Other
4) *If selected "other" above for delivery method, please explain the proposed delivery method. Only methods with secure encryption mechanisms will be accepted.	Data will be placed into a Table, and exchanged over the secure Snowflake to Snowflake link that exists between Medicaid and NYeC and is used to exchange other Medicaid data, including all 1115 data.
5) **What is the requested format for the data?** (examples include XLS, txt, CSV)	Database to Database sync, this handles the data schema.
6) **What safeguards will you put in place to protect the data?**	This data will flow in accordance with the SCPA and SOPs and following the same architecture as 1115 Medicaid data exchange. Access is role based and limited to designated OHIP personnel supporting the ex parte verification process; and the data is subject to the "Confidentiality Provisions Related to Medicaid Confidential Data" as stated in Appendix A to the Business Associate Agreement pursuant to Section 9.6(a) of the SCPA.
7) **How will files be handled/stored/deleted at the end of the project?**	Returned Records that support an ex parte determination are incorporated into the Member's Medicaid eligibility record and retained by the Medicaid program in accordance with applicable state and federal records retention rules. No SDI data received under this request will be retained or used for any purpose other than the approved Medicaid permitted purpose.
8) **Select "Yes" to indicate adherence to the standard of minimum necessary data requests. (This field cannot be blank.)**	Yes

(C} Program/Project Contact Information

1.Program Lead Contact Information	
Name (First, Last):	[redacted]
Bureau/Unit:	OHIP/Technology Office
Email:	[redacted]@health.ny.gov
Phone Number:	[redacted]
2. Other Project Team Members	
a) Team Member 1 (Name, Employer, Contact Info)	[redacted], OHIP, [redacted]@health.ny.gov

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b) Team Member 2 (Name, Employer, Contact Info)	[redacted], [redacted]@health.ny.gov
c) Team Member 3 (Name, Employer, Contact Info)	Click or tap here to enter text.
d) Team Member 4 (Name, Employer, Contact Info)	Click or tap here to enter text.
e) Team Member 5 (Name, Employer, Contact Info)	Click or tap here to enter text

(D) Data Use Request Authorized Requester Attestation & Agreement Form

1) **Name of Requester's** Organization:Click or tap here to enter text.

2) Authorized Requester Information

Name: [redacted]

Title: Chief Technology Officer, Medicaid

Email: [redacted]@health.ny.gov

Phone Number: [redacted]

3) Attestations: Authorized Requester attests to the following:

a) This Data Use Request meets the following criteria:

i. Request is for a **Public Health Activities** by Public Health Authority. **OR** Request is for a **Medicaid Permitted Purpose**	☐ ☐
ii. Request is in compliance with the SCPA, DUCA, SHIN-NY Regulations and SHIN-NY SOPs.	☐
iii. Request is in compliance with applicable law.	☐
iv. Data elements requested meet the standard of minimum necessary.	☐

b) Safeguards and Protections Attestation:

Appropriate safeguards and internal controls will be used for data access and use, security and privacy.	☐

c) Data Classification and Use Attestation (for Narrow Data Requests)

(select one or both, or neither) **HIPAA Limited Data Set 45 C.F.R. 164.514(e)**	☐
De-Identified Data (45 C.F.R. 164.514(b)(2))	☐

Based on the Data Classification(s) identified above, the Authorized Requester attests and agrees to the following:

- The data will be used solely for the **permitted purpose(s)** described in this approved SDI Data Use Request and as authorized under the SCPA, DUCA, SHIN-NY Regulations, and SHIN-NY SOPs and applicable law.
- Requester may use and disclose a Limited Data Set solely for the purpose(s)

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expressly described in, and approved through this SDI Data Use Request, and only to the extent such use or disclosure is permitted under applicable law and consistent with 45 C.F.R. § 164.514(e). Requester shall not use or further disclose the Limited Data Set in any manner that would violate the HIPM Privacy Rule if done by a covered entity.

- Access to and receipt of a Limited Data Set shall be **limited to those workforce members, agents, contractors, and other specifically authorized persons** identified by Requester as having a need to know the information for the approved purpose(s), and no other person or entity may use or receive the Limited Data Set except as expressly permitted by this SDI Data Use Request and applicable law.
- The data will **not be re-identified,** and no third party will be permitted to re-identify or attempt to re identify individuals whose information is included in the data. If the Requester becomes aware of any actual or attempted re-identification of individuals or data, Requester will notify NYeC immediately.
- No individual whose information is included in the data may be contacted in association with the use case described and approved in this SOI Data Use Request., nor will any third party be permitted to contact or attempt to contact such individuals based solely on SDI Data.
- Any **agents, contractors, or downstream recipients** with access to the data will agree and be subject to use, disclosure, and safeguard obligations no less protective than those set forth in this Data Use Request, the Statewide Common Participation Agreement, and applicable law.
- Appropriate **administrative, technical, and physical safeguards** will be used to prevent any use or disclosure of the data not permitted by this Data Use Request or applicable law, and any unauthorized use or disclosure of which Requester becomes aware will be reported to NYeC in accordance with the SCPA, and SHIN-NY SOPs.
- The data will not be used for marketing purposes or sold, licensed, or otherwise disclosed in exchange for remuneration, except as permitted by HIPM and applicable law, and only with prior written consent of NYeC.
- The Requester will not, and will not permit any third parties to use de-identified data for any purpose other than those permitted in this Data Use Request or otherwise as permitted by law.
- Requester shall otherwise comply in full with 45 C.F.R. § 164.514(e)(4)(ii).
- Upon expiration, suspension or termination of this Data Use Request, Requester shall Immediately cease all use and disclosure of all SDI Data and comply with any instructions from NYeC regarding continued retention, return, destruction, or other handling of the data, in accordance with this Data Use Request, the SCPA, DUCA, SHIN NY Regulations, SHIN NY SOPs, and applicable law.

d) Attestations Regarding Potential Violation of this Data Use Request

i. The New York State Department of Health in coordination with NYeC, reserves the right to investigate any actual or suspected breach, or improper access, use, or disclosure of data by Requester or any person acting on Requester's behalf stemming from this Data Use Request.	!Z!
ii. Requester acknowledges and agrees that NYeC may, following notice to and consultation with the Department, suspend, terminate, or revoke Requester's access to SDI Data immediately upon notice, or immediately without prior notice where NYeC determines prompt action is necessary, if NYeC determines in its reasonable discretion that Requester has violated this Data Use Request, the SCPA, DUCA, SHIN-NY Regulations, SHIN-NY SOPs, or applicable law. Requester shall cooperate with the Department and NYeC in investigating and mitigating any such violation.	

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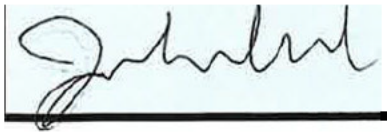
4. Authorized Requester Signature:	
[redacted] 	**Date of Signature:** 8/11/2026