

DOM 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/title).

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 the following method of return:

OR has been destroyed/sanitized by the following method of destruction/sanitization:

on the following date: _____ .

V. IN WITNESS WHEREOF, _____ (User) has caused this Certificate to be executed by its authorized representative as follows:

By: _____ (Signature)

(Custodian of Data)
(Occupation/Title)

Date: _____