



Data Use Agreement

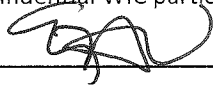
This Data Use Agreement is between the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and North Colorado Health Alliance. WIC allows data sharing under CFR 246.26(d). North Colorado Health Alliance will use WIC participant information to match with North Colorado Health Alliance Program participants to coordinate services and do outreach to clients not currently enrolled in WIC. North Colorado Health Alliance will work with local WIC agencies whose services areas overlap with those of North Colorado Health Alliance to gather data and determine the method for coordination and outreach.

Colorado WIC Program (Data Owner) Obligations:

- a. The Colorado WIC Program may provide the following types of information to NORTH COLORADO HEALTH ALLIANCE:
 - Participant name
 - Participant WIC ID number
 - Participant date of birth
 - Address
 - Parent or endorser’s name
 - Primary language spoken
 - Participant ethnic origin
 - Phone number
 - Gender
 - Participant’s nutrition risk factors
 - Height/date
 - Weight/date
 - Hematocrit/hemoglobin
 - Medicaid participant number
 - Date of last WIC visit
 - Date of next WIC visit
 - Last WIC benefit date
 - Household gross income
 - Clinic location
- b. Colorado WIC Program staffs obtain the endorser/participant’s signature on the *CO WIC Participant Rights and Responsibilities*. This signature indicates permission for the Colorado WIC Program to share information collected at the WIC visit with North Colorado Health Alliance.
- c. The Colorado WIC Program staffs shall provide the WIC participant information in the format requested by North Colorado Health Alliance and mutually agreeable to both parties.

North Colorado Health Alliance (Data User) Obligations:

- a. NORTH COLORADO HEALTH ALLIANCE will use and disclose the WIC participant information only for the purposes specified above.
- b. NORTH COLORADO HEALTH ALLIANCE shall limit access to confidential information strictly to those individuals or classes of individuals who shall have access in order to perform the purposes specified above.
- c. When requesting confidential WIC participant information from WIC, NORTH COLORADO HEALTH ALLIANCE staff will indicate the specific data elements requested and the desired format (paper or electronic).
- d. NORTH COLORADO HEALTH ALLIANCE agrees to exercise appropriate administrative, technical and physical safeguards to protect the data from any unauthorized use or disclosure not provided for in this Agreement.
- e. In the event that a privacy or security breach occurs, NORTH COLORADO HEALTH ALLIANCE is required to notify the CDPHE Privacy Officer and provide de-identified information as to the date(s), the cause, the actions taken to prevent re-occurrence, and the number of individuals involved.
- f. No confidential WIC participant information shall be publicly released.

Signed by:  Date: 3/31/17

Erin Ulric, Director, Colorado WIC Program

Signed by: _____ Date: _____