



**Application Kit to Submit a Data Re-use Request
For Previously Purchased HCUP State Databases**

January 14, 2026

This application kit is specific to submitting a data re-use request for the HCUP State Databases that were previously purchased through the HCUP Central Distributor.

If you are interested in purchasing any of the HCUP Databases or transferring data custodianship, please visit www.hcup-us.ahrq.gov/tech_assist/centdist.jsp to obtain a different application kit.

- All requests will be processed via editable PDF application kits submitted via email.
- If an alternative option for submission is needed, please contact HCUP Central Distributor at HCUP-RequestData@ahrq.gov.

Applications will take additional time to review, process, and fulfill.
Thank you for your patience during the transition.

APPLICATION TO SUBMIT A DATA RE-USE REQUEST OF PREVIOUSLY PURCHASED HCUP STATE DATABASES

Each application for and approval of HCUP data is project-specific. If the data will be used for a purpose other than that originally approved, or as concrete projects emerge from approved exploratory work, the data custodian must submit a "Re-use Request" to the HCUP Central Distributor for review and approval by AHRQ before work may begin on the new project.

AHRQ and the HCUP Central Distributor facilitate access to the State-level HCUP data (i.e., SID, SASD and SEDD), which are owned and regulated by the individual Data Organizations participating in HCUP. Under AHRQ's agreements with these Data Organizations, AHRQ reviews and approves all uses of the State-level data on their behalf.

Complete all parts of this application:

[Step 1](#): Complete the User Information section.

[Step 2](#): Indicate the HCUP State Databases that you previously purchased that you are now requesting to re-use for another purpose.

[Step 3](#): Read and sign the HCUP Data Use Agreement for the State Databases.

- The data custodian must include a signed copy of the HCUP DUA
- In addition, if the data custodian will not be involved in the proposed research project, then the new principal investigator will also need to include a signed copy of the DUA.
- Additional copies of the HCUP Data Use Agreement for the State Databases are available at: https://hcup-us.ahrq.gov/tech_assist/centdist.jsp.

[Step 4](#): Complete the Statement of Intended Use of State Databases and Description of Project Activities.

[Step 5](#): Refer to the final checklist before submitting the completed data re-use request via email to HCUP-RequestData@ahrq.gov.

If an alternative option for submission is needed, please contact HCUP Central Distributor at HCUP-RequestData@ahrq.gov.

Questions? Please contact HCUP Central Distributor:

- Email: HCUP-RequestData@ahrq.gov

Step 1: User Information

Data Custodian Name: _____ **Date:** _____

Email Address: _____

Complete Step 1.A or 1.B below as applicable to indicate the nature of your re-use request.

1.A. Original data purchaser using the data for a new research project

I, _____ [current data custodian], am the original purchaser of the HCUP databases listed below. My intended use of the HCUP data has expanded beyond what was previously approved by AHRQ. I understand that I may not begin work on this new project until I have received approval from AHRQ indicating that this expanded use is consistent with the Data Use Agreement.

As indicated by the HCUP Data Use Agreement (DUA), I have required that any collaborators who will have access to the data for this project have read and signed the HCUP DUA and completed the online Data Use Agreement Training Course at <https://www.hcup-us.ahrq.gov>. (Please attach the signed DUA(s) and training completion certificate(s) to this request.)

Signature: _____ Date: _____

1.B. Data custodian not involved in the proposed research project

I, _____ [current data custodian], authorize _____ [new principal investigator] to use the HCUP databases listed below that I originally purchased. As the data custodian, I understand that I am still held accountable for the proper use of HCUP data, even by individuals to whom I have given access. Hence, I understand that I am also responsible for any possible misuse of the data (unintended or otherwise) along with the data user. Further, I understand that work may not begin on this new project until I have received approval from AHRQ indicating that this expanded use is consistent with the data use agreement.

As indicated by the HCUP Data Use Agreement (DUA), I have required that the new user(s) named above and with whom I intend to share this data have read and signed the HCUP DUA and completed the online Data Use Agreement Training Course at <https://www.hcup-us.ahrq.gov>.

Signature: _____ Date: _____

If you completed Step 1.B, please provide the email address for the new principal investigator. The individual must have an account with the online HCUP Central Distributor. This will be verified using the name and email address.

Email Address: _____

Step 2: HCUP State Databases (Previously Purchased) that You Are Requesting to Re-use for Another Purpose

Please indicate all HCUP State databases that you plan to re-use. Indicate the data year(s), State(s), and databases (i.e., SID, SASD, or SEDD).

Step 3: Data Use Agreement for HCUP State Databases



DATA USE AGREEMENT for the State Databases from the Healthcare Cost and Utilization Project Agency for Healthcare Research and Quality

This Data Use Agreement (“Agreement”) governs the disclosure and use of data in the HCUP State Databases from the Healthcare Cost and Utilization Project (HCUP) which are maintained by the Agency for Healthcare Research and Quality (AHRQ). The HCUP State databases include the State Inpatient Databases (SID), State Ambulatory Surgery and Services Databases (SASD), and State Emergency Department Databases (SEDD). Any person (“the data recipient”) seeking permission from AHRQ to access HCUP State Databases must sign and submit this Agreement to AHRQ or its agent, and complete the online Data Use Agreement Training Course at www.hcup-us.ahrq.gov, as a precondition to the granting of such permission.

Section 944(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) (“the AHRQ Confidentiality Statute”), requires that data collected by AHRQ that identify individuals or establishments be used only for the purpose for which they were supplied. Pursuant to this Agreement, data released to AHRQ for the HCUP Databases are subject to the data standards and protections established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191) and implementing regulations (“the Privacy Rule”). Accordingly, HCUP Databases may only be released in “limited data set” form, as that term is defined by the Privacy Rule, 45 C.F.R. § 164.514(e). AHRQ classifies HCUP data as protected health information under the HIPAA Privacy Rule, 45 C.F.R. § 160.103. By executing this Agreement, the data recipient understands and affirms that HCUP data may only be used for the prescribed purposes, and consistent with the following standards:

No Identification of Persons—The AHRQ Confidentiality Statute prohibits the use of HCUP data to identify any person (including but not limited to patients, physicians, and other health care providers). The use of HCUP Databases to identify any person constitutes a violation of this Agreement and may constitute a violation of the AHRQ Confidentiality Statute and the HIPAA Privacy Rule. This Agreement prohibits data recipients from releasing, disclosing, publishing, or presenting any individually identifying information obtained under its terms. AHRQ omits from the data set all direct identifiers that are required to be excluded from limited data sets as consistent with the HIPAA Privacy Rule. AHRQ and the data recipient(s) acknowledge that it may be possible for a data recipient, through deliberate technical analysis of the data sets and with outside information, to attempt to ascertain the identity of particular persons. Risk of individual identification of persons is increased when observations (i.e., individual discharge records) in any given cell of tabulated data is ≤ 10 . This Agreement expressly prohibits any attempt to identify individuals, including by the use of vulnerability analysis or penetration testing. In addition, methods that could be used to identify individuals directly or indirectly shall not be disclosed, released, or published. Data recipients shall not attempt to contact individuals for any purpose whatsoever, including verifying information supplied in the data set. Any questions about the data must be referred exclusively to AHRQ. By executing this Agreement, the data recipient understands and agrees that actual and considerable harm will ensue if he or she attempts to identify individuals. The data recipient also understands and agrees that actual and considerable harm will ensue if he or she intentionally or negligently discloses, releases, or publishes information that identifies individuals or can be used to identify individuals.

Use of Establishment Identifiers—The AHRQ Confidentiality Statute prohibits the use of HCUP data to identify establishments unless the individual establishment has consented. Permission is obtained from the HCUP data sources (i.e., state data organizations, hospital associations, and data consortia) to use the identification of hospital establishments (when such identification appears in the data sets) for research, analysis, and aggregate statistical reporting. This may include linking institutional information from outside data sets for these purposes. Data recipients are prohibited from identifying establishments directly or by inference in disseminated material. In addition, users of the data are prohibited from contacting establishments for the purpose of verifying information supplied in the data set. Any questions about the

data must be referred exclusively to AHRQ. Misuse of identifiable HCUP data about hospitals or any other establishment constitutes a violation of this Agreement and may constitute a violation of the AHRQ Confidentiality Statute.

Unauthorized Uses of HCUP Data—Data recipients may only use HCUP data sets for research, analysis and aggregate statistical reporting projects approved by AHRQ. AHRQ does not authorize the use of HCUP data for commercial or competitive purposes affecting establishments; to determine the rights, benefits, or privileges of individuals or establishments; for criminal and civil litigation, including expert witness testimony; for law enforcement activities; or for any other purpose incompatible with the AHRQ Confidentiality Statute and HCUP data project.

The undersigned data recipients provide the following assurances concerning HCUP data:

Protection of Individuals

- I will not release or disclose and will take all necessary and reasonable precautions to prohibit others from releasing or disclosing, any information that directly or indirectly identifies persons. This includes attempts to identify individuals through the use of vulnerability analysis or penetration testing.
- I will not release or disclose information where the number of observations (i.e., individual discharge records) in any given cell of tabulated data is ≤ 10 . The publication of values of 1-10 is prohibited in text and tables.
- I will not attempt to link, and will prohibit others from attempting to link, the discharge records of persons in the data set with individually identifiable records from any other source.
- I will not attempt to use and will take all necessary and reasonable precautions to prohibit others from using the data set to contact any persons in the data for any purpose.

Protection of Establishments

- I will not publish or report, through any medium, data that could identify individual establishments directly or by inference.
- When the identities of establishments are not provided in the data sets, I will not attempt to use and will take all necessary and reasonable precautions to prohibit others from using the data set to learn the identity of any establishment.
- I will not contact and will take all necessary and reasonable precautions to prohibit others from contacting establishments identified in the data set to question, verify, or discuss data in the HCUP databases.

Limitations on Data Use, Sharing, and Disclosure

- I will not use or disclose and I will prohibit others from using or disclosing the data set, or any part thereof, except for research, analysis, and aggregate statistical reporting, and only as permitted by this Agreement.
- I will not use the data set, and I will prohibit others from using the data set, for unauthorized purposes. AHRQ does not authorize the use of HCUP data for commercial or competitive purposes affecting establishments; to determine the rights, benefits, or privileges of individuals or establishments; for criminal and civil litigation, including expert witness testimony; for law enforcement activities; or for any other purpose incompatible with the AHRQ Confidentiality Statute and the HCUP data project. If there is any question regarding whether an intended use of the data set is prohibited, I agree to contact the AHRQ HCUP program for advice prior to engaging in or permitting such use.
- I will not redistribute HCUP data by posting on any website or publishing in any other publicly accessible online repository. If a journal or publication requests access to data or analytic files, I will cite restrictions on data sharing in this Data Use Agreement and direct them to AHRQ HCUP (www.hcup-us.ahrq.gov) for more information on accessing HCUP data.

- I will not share or disclose HCUP State data, without approval from AHRQ, for any purpose other than the project described and approved at the time of data purchase. Any subsequent data use requires the submission of a Data Re-Use Request to the HCUP Central Distributor for review and approval by AHRQ before the data may be used for a new purpose (more information at www.hcup-us.ahrq.gov/tech_assist/centdist.jsp).

Safeguards

- I will ensure that the data are kept in a secured environment and that only authorized users will have access to the data.
- I will only allow access to HCUP State data for those working on projects approved by AHRQ, and I will require that they become authorized users of the HCUP data by signing a copy of this Data Use Agreement and completing the online Data Use Agreement Training Course at www.hcup-us.ahrq.gov/. Before granting any individual access to the data set, I will submit the signed data use agreements to the HCUP Central Distributor.

Responsibility

- I acknowledge and affirm that I am personally responsible for compliance with the terms of this Agreement, to the exclusion of any other party, regardless of such party's role in sponsoring or funding the research that is the subject of this Agreement.
- I acknowledge and affirm that interpretations, conclusions, and/or opinions that I reach as a result of my analyses of the data sets are my interpretations, conclusions, and/or opinions, and do not constitute the findings, policies, or recommendations of the U.S. Government, the U.S. Department of Health and Human Services, or AHRQ.
- I will acknowledge in all reports based on these data that the source of the data is the specific state(s) or data organization(s) that submitted data to HCUP, e.g., "*state name(s)*, State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality." Substitute "State Ambulatory Surgery and Services Databases (SASD)" or "State Emergency Department Databases (SEDD)," as appropriate.
- I will indemnify, defend, and hold harmless AHRQ and the data organizations that provide data to AHRQ for HCUP from any or all claims and losses accruing to any person, organizations, or other legal entity as a result of violation of this Agreement. This provision applies only to the extent permitted by Federal and State law.
- I agree to report the violation or apparent violation of any term of this Agreement to AHRQ without unreasonable delay and in no case later than 30 calendar days of becoming aware of the violation or apparent violation.

Terms, Breach, and Compliance

Any violation of the terms of this Agreement shall be grounds for immediate termination of this Agreement. AHRQ shall determine whether a data recipient has violated any term of the Agreement. AHRQ shall determine what actions, if any, are necessary to remedy a violation of this Agreement, and the data recipient(s) shall comply with pertinent instructions from AHRQ. Actions taken by AHRQ may include but not be limited to providing notice of the termination or violation to affected parties and prohibiting data recipient(s) from accessing HCUP data in the future.

In the event AHRQ terminates this Agreement due to a violation or finds the data recipient(s) to be in violation of this Agreement, AHRQ may direct that the undersigned data recipient(s) immediately return all copies of the HCUP State Databases to AHRQ or its designee without refund of purchase fees.

Acknowledgment

I understand that this Agreement is requested by the United States Agency for Healthcare Research and Quality to ensure compliance with the AHRQ Confidentiality Statute. My signature indicates that I understand the terms of this Agreement and that I agree to comply with its terms. I understand that a violation of the AHRQ Confidentiality Statute may be subject to a civil penalty of up to \$16,443 under 42 U.S.C. 299c-3(d), and that deliberately making a false statement about this or any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. § 1001 and is punishable by a fine, up to five years in prison, or both. Violators of this Agreement may also be subject to penalties under state confidentiality statutes that apply to these data for particular states.

Signed: _____ Date: _____

Print or Type Name: _____

Organization: _____ Title: _____

Street Address: _____

City: _____ State/Province/Region: _____

Postal/ZIP Code: _____ Country: _____

Email: _____ Phone: _____

The information above is maintained by AHRQ only for the purpose of enforcement of this Agreement and for notification in the event data errors occur.

Note to data purchasers: Shipment of the requested data product will only be made to the person who signs this Agreement, unless special arrangements that safeguard the data are made with AHRQ or its agent.

Submission Information

Signed HCUP Data Use Agreements and proof of online training must be submitted to the HCUP Central Distributor for AHRQ's records. Refer to the Central Distributor page on the HCUP User Support website at https://hcup-us.ahrq.gov/tech_assist/centdist.jsp for instructions.

Alternatively, send signed HCUP Data Use Agreements and proof of online training to:

HCUP Central Distributor

E-mail: HCUP-RequestData@AHRQ.gov

If an alternative option for submission is needed, please contact HCUP Central Distributor at HCUP-RequestData@AHRQ.gov.

Collection of this information is required as a condition of access to Healthcare Cost and Utilization Project data products. The information collection supports requirements of the Public Health Service Act (42 U.S.C. 299c-3(c)), and is used for 1) completion of order transactions, and 2) for enforcement of the HCUP Data Use Agreement. As required by the Privacy Act of 1974, any identifying information obtained will be kept private to the extent provided by law. Public reporting burden for this collection of information is estimated to average 30 minutes per response, the estimated time required to complete the application. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0206) AHRQ, 5600 Fishers Lane, # 07W41A, Rockville, MD 20857.

OMB Control No. 0935-0206 expires 12/31/2028.

Step 4: Statement of Intended Use of State Databases and Description of Project Activities

A Statement of Intended Use should allow reviewers to (1) understand the overall subject area, goals, and objectives of the proposed project, and (2) assess compliance with the HCUP Data Use Agreement (DUA).

The DUA provides complete descriptions of the acceptable uses of the HCUP SID, SASD, and SEDD. In general, files from these databases are available for the purposes of research and aggregate statistical reporting. Attempts to identify individuals are strictly prohibited. Information that could identify establishments directly or by inference may not be released in disseminated or shared materials.

Please provide sufficient detail for reviewers to understand how you intend to use the specified HCUP State-level databases, including:

- Subject area and/or specific project
- Goals and objectives of the project
- Intended audience(s)
- Anticipated end-product(s)

NOTE: The AHRQ reviewers will put your application on hold and request additional clarification if you do not provide all of the information requested.

1. **Project description**, including the goals and objectives, specific research questions, level of analysis (e.g., patient, hospital, county, state), and how your final product will adhere to the restrictions of the HCUP Data Use Agreement. (4,000 character limit)

Step 5: Final Checklist Before Submitting the Data Re-use Request

Have you . . .

- ✓ Completed the Applicant Information section ([Step 1](#))?
- ✓ HCUP State Databases that You Are Requesting to Re-use for Another Purpose ([Step 2](#))?
- ✓ Read and signed the Data Use Agreement for the State Databases ([Step 3](#))?
- ✓ Completed the Statement of Intended Use of State Databases and Description of Project Activities ([Step 4](#))?
- ✓ Saved a copy of your application for your records?

If so, complete the application process by submitting your data re-use request to the HCUP Central Distributor by email to HCUP-RequestData@ahrq.gov. If an alternative option for submission is needed, please contact HCUP User Support at HCUP-RequestData@ahrq.gov.

After your data re-use request has been reviewed by AHRQ, you will be contacted by the HCUP Central Distributor by email. You may not begin work on the new project until you have received approval from AHRQ indicating that the expanded use is consistent with the Data Use Agreement.

Questions? Please contact HCUP Central Distributor
Email: HCUP-RequestData@ahrq.gov