

ATTACHMENT E
DEPARTMENT OF HEALTH CARE SERVICES
CERTIFICATE OF DESTRUCTION OF CONFIDENTIAL DATA

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

I. I am employed/contracted by _____ (Name of User)
as a(n) _____ (occupation/description).

II. Pursuant to the attached Data Use Agreement (“DUA”) between the DEPARTMENT OF
HEALTH CARE SERVICES (“DHCS”) and _____ (Name of User),
I received and acted as custodian of the data described in Attachment A of the DUA.

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

IV. In compliance with Section 10 of the DUA, the data indicated in Paragraph III above has
been destroyed by _____
(method of destruction) on _____ (date of destruction).

Signature of Custodian

Date