

**ATTACHMENT F – PART I**  
**DEPARTMENT OF HEALTH CARE SERVICES**

**CUSTODIANSHIP AMENDMENT TO DATA USE AGREEMENT**

In order to secure data and documents that reside in the California Department of Health Care Services (“DHCS”) Medi-Cal system of records and to ensure the integrity, security, and confidentiality of such data and documents, and to permit only appropriate disclosure and use as may be permitted by law, DHCS and \_\_\_\_\_ (User), entered into a Data Use Agreement. This Data Use Agreement is hereby amended as set out below; all other terms and conditions of 2015-SNFD-LEA remain the same.

Section 3 is amended to reflect the following change in custodianship:

The parties mutually agree that the following named individuals are designated as “Custodians of the Files” on behalf of the User(s) and shall be responsible for the observance of all conditions of use and for establishment and maintenance of security arrangements as specified in the Data Use Agreement to prevent unauthorized use or disclosure. The Custodian, hereby acknowledges his/her appointment as Custodian of the aforesaid file(s) on behalf of the User(s), and agrees in a representative capacity to comply with all of the provisions of the Data Use Agreement on behalf of the User(s). The User(s) agree to notify DHCS within fifteen (15) days of any change to the custodianship.

\_\_\_\_\_  
(Name of Custodian of Files – Typed or Printed)

\_\_\_\_\_  
(Title/Component)

\_\_\_\_\_  
(Company/Organization)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/ZIP Code)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(E-Mail Address)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

On behalf of (User), the undersigned individual hereby attests that he or she is authorized to enter into this Amendment to the Data Use Agreement and agrees to all the terms specified herein.

\_\_\_\_\_  
**(Name of User Representative - Typed or Printed)**

\_\_\_\_\_  
(Title/Component)

\_\_\_\_\_  
(Company/Organization) (User NPI Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/ZIP Code)

\_\_\_\_\_  
(Phone Number) (E-Mail Address)

\_\_\_\_\_  
(Signature) (Date)

On behalf of DHCS the undersigned individual hereby attests that he or she is authorized to enter into this Amendment to the Data Use Agreement and agrees to all the terms specified herein.

\_\_\_\_\_  
**(Name of DHCS Representative - Typed or Printed)**

\_\_\_\_\_  
(Title/Component)

\_\_\_\_\_  
Signature) (Date)