

ATTACHMENT D
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 the data described in Attachment A has been met. In compliance with Section 10 of the DUA, all data described in Attachment A received prior to **July 1, 2014** has been destroyed by _____ (method of destruction) on _____ (date of destruction).

Please note that if the User is undergoing a DHCS review or audit, or is currently in the process of an appeal, for any fiscal year prior to July 1, 2014, it must maintain data described in Attachment A in full until all outstanding audit issues are resolved and a final cost settlement is received, or the appeal is settled.

Signature of Custodian

Date