

Limited Data Set Checklist and Confirmation Form

Project Name:					
			Contact Name:		
			the individual or his or her re	ation from which "facial" identifiers have elative, employers or household members information to be a Limited Data Set.	been removed. Specifically, as it relates to s, all of the following identifiers must be
 Telephone number Fax number Email address Social Security Number Medical Record Number Health Plan Beneficiary Account Numbers Certificate or license nui Vehicle identification/se Device identification/se Universal Resource Local Internet Protocol (IP) ad Biometric Identifiers (inc 	on other than precinct, town, city, state in the control of the co	bers			
	n to be used and/or disclosed contains not be used and or disclosed contains not be used to be u	one of the identifiers listed above. I nust execute a Data Use Agreement before			
Print Name	Signature	Date			