All Payer All Claims Staff Change Amendment

Use this form for approved APAC data requests when making **staff changes** to an active project (adding new staff or removing staff currently listed). For all other types of changes, submit an APAC Amendment Application form instead.

The application number and Principal Investigator (PI) name must match the signed Data Use Agreement for the project. Submit the completed form via email to apac.admin@odhsoha.oregon.gov.

Questions?

If you have any questions on the amendment process, including the application tracking number or date of the original application, please contact apac.admin@odhsoha.oregon.gov or visit the APAC Data Requests webpage.

Section 1: Project Information

Project Title:

Applicant Name:

Application Tracking Number:

Principal Investigator:

Organization

Email:

Date of Original Application (month and year):

☐ This amendment includes staffing changes only

Section 2: Remove Staff

List any staff members who will no longer be working on the project.

Name:

Role:

Name:

Role:

Name:

Role:

Section 3: Add Staff

List any new staff members who will be working on the project, including technical staff. **Each new staff member must sign and date the document** (digital or physical signature accepted).

Name:

Role:

- I hereby acknowledge:
- The Data provided under the Data Use Agreement is provided for the limited purpose of conducting research as described in the application and may not be used or disclosed other than as specified in the data use agreement.
- I will notify the principal investigator of this project if I become aware of any violation by myself or other project staff.

_____ _____

Signature Date

Name:

Role:

- I hereby acknowledge:
- The Data provided under the Data Use Agreement is provided for the limited purpose of conducting research as described in the application and may not be used or disclosed other than as specified in the data use agreement.
- I will notify the principal investigator of this project if I become aware of any violation by myself or other project staff.

_____ _____

Signature Date

Name:

Role:

- I hereby acknowledge:
- The Data provided under the Data Use Agreement is provided for the limited purpose of conducting research as described in the application and may not be used or disclosed other than as specified in the data use agreement.
- I will notify the principal investigator of this project if I become aware of any violation by myself or other project staff.

_____ _____

Signature Date

Name:

Role:

- I hereby acknowledge:
- The Data provided under the Data Use Agreement is provided for the limited purpose of conducting research as described in the application and may not be used or disclosed other than as specified in the data use agreement.
- I will notify the principal investigator of this project if I become aware of any violation by myself or other project staff.

_____ _____

Signature Date

Name:

Role:

- I hereby acknowledge:

- The Data provided under the Data Use Agreement is provided for the limited purpose of conducting research as described in the application and may not be used or disclosed other than as specified in the data use agreement.
- I will notify the principal investigator of this project if I become aware of any violation by myself or other project staff.

_____ _____

Signature Date

Name:

Role:

- I hereby acknowledge:
- The Data provided under the Data Use Agreement is provided for the limited purpose of conducting research as described in the application and may not be used or disclosed other than as specified in the data use agreement.
- I will notify the principal investigator of this project if I become aware of any violation by myself or other project staff.

_____ _____

Signature Date

Section 4: Signatures

Except for the staffing changes listed above, all terms and conditions of the Data Use Agreement and any prior amendments remain in full force and effect. **New staff members are not authorized to access data files until this amendment has been signed by all required parties, with the final signature from OHA**.

_____	_____
Applicant's Signature	Date
_____	_____
Printed Name	Title
_____	_____
OHA Authorized Signature	Date
Piper Block	Research and Data Manager
Piper Block, MPP PhD	Title

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