



## All Payer All Claims Staff Change Amendment

Use this form for approved APAC data requests when only making staff changes on an active project (either adding new staff or removing staff currently listed for the project). All other changes must be submitted on the APAC Update Amendment form. The application number and Principal Investigator name must match the signed Data Use Agreement for the project.

If you have any questions on the amendment process, including the application number or date of the original application, please contact [apac.admin@odhsoha.oregon.gov](mailto:apac.admin@odhsoha.oregon.gov). The completed form can be emailed or mailed to:

Office of Health Analytics – APAC  
421 SW Oak Street, Suite 850  
Portland OR 97204

### PROJECT INFORMATION

Project Title

Application number (####-description)

Applicant

Principal Investigator

Organization

Email

Date of original application (month and year)

This amendment includes staffing changes only.

**Section 1:** List any staff that will no longer be working on the project:

Name

Role

Name

Role

Name

Role

**Section 2:** Include any new staff who will be working on the project, including technical staff. Each new staff member must sign the document (digitally or physically) and date if a physical signature.

Name: \_\_\_\_\_

Role on project: \_\_\_\_\_

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 on project: \_\_\_\_\_

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

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Name: \_\_\_\_\_

Role on project: \_\_\_\_\_

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

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*Additional sheets are available if more than three staff are leaving or joining the project.*

## Signatures

Other than the change in staffing reported above, all terms and conditions of the Data Use Agreement and any other previous amendments are still in full force and effect. Staff joining the project are not authorized to access data files until this amendment has been signed by all parties with the final signature that of OHA.

Applicant's signature

Date

Printed name

Title

OHA authorized signature

Date

Piper Block  
Printed name

Research & Data Manager  
Title