

Modification No. 1 MOD00002753
to
Data Sharing Agreement
between
The Arizona Board of Regents for and on behalf of Arizona State University (ASU) and its
Center for Violence Prevention and Community Safety (CVPCS)
and
Pinal County Medical Examiner

This is a Modification to a Data Use Agreement (“DUA”) that was effective 1/15/2010 between Pinal County Medical Examiner (“Data Provider”) and The Arizona Board of Regents for and on behalf of Arizona State University (“ASU”).

WHEREAS, the Parties to the DUA wish to amend the DUA as set forth in this Amendment;

NOW, THEREFORE, in consideration of the premises and the mutual agreements and covenants hereinafter set forth, and intending to be legally bound, the DUA is amended as follows:

1. Section 1. TERM OF THE AGREEMENT: is struck in its entirety and replaced:

The term of this Agreement shall become effective upon last signature below and shall remain in effect for ten (10) years unless terminated, canceled or extended as otherwise provided herein.

2. Section 11. BACKGROUND: is struck in its entirety and replaced:

The Pinal County Medical Examiner, by collaborating with ASU’s Center for Violence Prevention and Community Safety (CVPCS), supports participation in the Centers for Disease Control and Prevention’s (CDC) National Violent Death Reporting System (NVDRS) in Arizona (AZ-VDRS). Recently, the NVDRS expanded to its current level of 50 participating states across the country, as well as the District of Columbia and Puerto Rico. The NVDRS compiles statewide, comprehensive data on violent deaths by collecting information from death certificates, medical examiner reports, police departments, and other appropriate state, county, local, or tribal agencies (“Data”). Objectives of these statewide surveillance systems include providing comprehensive snapshots of violent incidents to further understand such events and informing communities, policy makers, planners, and decision makers on violent deaths so that preventive programs can be enacted. Establishment of the AZ-VDRS enables increased scientific understanding of violent incidents through research, translation of research findings into prevention strategies, and the dissemination of knowledge of violent incidents and prevention to professionals and the public. The Arizona Department of Health Services (ADHS) has worked with ASU’s CVPCS to expand their role as a bona-fide reporting agent for the NVDRS in Arizona (AZ-VDRS). Data collection for the project will be sponsored by the CDC

and coordinated by the research team at the CVPCS. CVPCS also collects data for CDC's State Unintentional Drug Overdose Reporting System (SUDORS) in the state of Arizona (AZ-SUDORS). The Data will be used for the purpose as outlined in Section 12 ("Purpose").

3. Section 12. PURPOSE: is struck in its entirety and replaced:

This Agreement establishes the basis for the Pinal County Medical Examiner to share with the CVPCS data on incidents leading to violent deaths occurring in Arizona. This data will be used for the purpose of contributing to the AZ-VDRS by providing accurate, comprehensive, and objective information regarding violent deaths and drug overdose deaths. The CVPCS will submit AZ-VDRS findings and the underlying data to the CDC that administers the NVDRS, and to ADHS for use in violent death and drug overdose prevention and intervention efforts (Section 12 is collectively the "Purpose").

The sharing of data will be in accordance with the terms and conditions stated in this Agreement and predicated on the mutual assurance that all unique identifiers in these data will be protected and kept strictly confidential.

Except as expressly set forth herein, all other provisions set forth in the aforementioned DUA shall remain the same.

IN WITNESS WHEREOF, the parties have caused this modification to be executed by their duly authorized representatives. Modification effective the date of last signature by the authorized representatives.

Outside Party: Pinal County Medical Examiner

**Arizona Board of Regents for and on behalf of
Arizona State University:**

Printed Name:

Printed Name:

Title:

Title:

Date: _____

Date: _____