



DATA OVER MULTIPLE INDIVIDUAL OCCURRENCES DATA USER AGREEMENT

I,

[Full name]

request access to a de-identified subset of the Department of Social Security's Data Over Multiple Individual Occurrences data (the Data), hosted by the Australian Institute of Health and Welfare (AIHW) in an approved secure enclave, for the purposes described in the project titled

(the Project).

[Project name]

I am sponsored by

(the Sponsor).

[Institution/corporation/incorporated body/Government agency etc., with registered address and ABN/ACN if applicable]

If I am granted access, I agree that:

- I will only use the data for the purpose specified in a Public Interest Certificate(s) issued for the Project by the Department of Social Services (DSS).
- I must only discuss de-identified data about individuals with data users working on the Project and only if they have been granted access to the Data.
- I will not record, transmit or publish any part of the de-identified Data unless it is aggregated in a manner approved by the AIHW.
- I must not link other unit record level data to the Data unless this is permitted in a Public Interest Certificate from DSS.
- I must apply all appropriate statistical disclosure control techniques to my outputs including those specified by DSS, the AIHW and, if relevant, the Sax Institute.
- I must follow all relevant instructions about data handling and security from DSS, AIHW and, if relevant, the Sax Institute.

- I must notify the AIHW as soon as practicable after discovering a data handling mistake and take all remedial action specified by DSS, the AIHW and, if relevant, the Sax Institute.
- If I observe others making data handling mistakes, I must encourage them to report the mistake to the AIHW, and I must inform the AIHW if the other parties do not report the mistake.
- Any changes to data handling (for example, different people on the project, a different purpose, or a different period of access) must be referred to AIHW for consideration before acting on those changes.
- Where any uncertainty exists, or if I need specific guidance about the Data, I will contact the AIHW for clarification.

I also understand that:

- As a data user, I am in a position of trust.
- Any breach of access conditions may lead to legal, financial, and operational consequences for me and my sponsoring institution. Consequences may, for example, include suspension of access to data and penalties set out in in the Privacy Act 1988 and in the confidentiality provisions in the Social Security (Administration) Act 1999 and in the A New Tax System (Family Assistance) (Administration) Act 1999.
- My sponsoring institution will be notified if I breach conditions of access.

Please sign and indicate date.

Data User

Witness

Date

Please print names, position, and organisation. Please scan and email send this form to domino.dataset@aihw.gov.au