

## Confirmation Of Destruction Form

Confirmation of destruction is required by the Agreement with the Iowa Department of Health and Human Services (Iowa HHS). Destruction shall be by means which render Iowa HHS data and any files created by linking the data files, unidentifiable and useless.

Today's Date:	Agreement Number:
Entity Name as shown on Agreement:	
Printed Name of the Signatory as shown on the Agreement:	
Signature of the Agreement Signatory:	
Expiration date of Agreement:	Method used to destroy data:
Date the data was destroyed:	Name of person verifying destruction:
Signature of person verifying destruction:	
Phone #:	E-mail:
If Iowa HHS data was used to prepare published reports, etc.:	
Date copy sent to Iowa HHS:	Date you received approval to publish:

**Please Email or Mail To:**

[RERC@hhs.iowa.gov](mailto:RERC@hhs.iowa.gov)

Iowa Department of Health and Human Services  
 Data Management Program Deputy Director's Office  
 321 E. 12<sup>th</sup> St.  
 Des Moines, IA 50319