Limited Data Set Checklist

Pr	int Name	Signature		Date
tha	-			none of the identifiers listed above. I understand decute a Data Use Agreement before receiving this
	Health plan beneficiary n Account numbers	umbers		comparable images
		u mah a ra		Full face photographic images and any
	Social Security numbers Medical record numbers		ш	Biometric identifiers, including finger and voice prints
	E-mail addresses			Internet Protocol (IP) address numbers
	Fax numbers			Web Universal Resource Locators (URLs)
	Telephone numbers			Device identifiers and serial numbers
_	precinct, town, city, State			including license plate numbers
_	Postal address information	on other than		Vehicle identifiers and serial numbers,
	Names			Certificate/license numbers