This Certificate of Destruction (“COD”) is between the [Agency Name] [(Agency Acronym)] and the [Organization]. All terms herein shall be construed in the context of the Data Sharing Agreement (“DSA”) executed between the parties on [DATE], attached hereto as **Exhibit A**.

1. **RECITALS**

**Whereas**, the parties entered into the DSA for the exchange of the Data to fulfill the purposes described in the DSA; and

**Whereas**, the purposes described in the DSA have been accomplished and the parties wish to memorialize destruction of the Data, subject to the requirements of the DSA.

1. **AGREEMENT**

Accordingly, the parties agree as follows:

The Organization has destroyed all of the Data in its systems or otherwise in its possession or under its control, in all of its forms. The Data is not recoverable and the Organization has used the “clear” method of sanitization defined in NIST Special Publication 800-88 Rev.1. The Organization further agrees that it has overwritten the logical storage location of the Data as well as all user-addressable locations of the Data.

This COD, executed no later than ten (10) days following destruction of the Data, is evidence of such destruction and is accepted by the State of Indiana to that end.

1. **CONTACT INFORMATION**

Notices to the parties related to this COD shall be sent to the individuals listed in Sec. 1 of the DSA *and* to the OCDO by email to ResponsibleData@mph.IN.gov.

**In Witness Whereof.** The Organization, through its duly authorized representative, affirms that all data and information described herein has been destroyed pursuant to the terms of this Certificate of Destruction. The Agency through its duly authorized representative, acknowledges such affirmation of destruction and accepts this Certificate of Destruction as evidence thereof. The parties, having read and understood the foregoing terms of this Certificate of Destruction do, by their respective signatures dated below, hereby agree to the terms thereof.

[ORGANZATION NAME]
[ORGANIZATION SIGNATORY NAME]
[ORGANIZATION SIGNATORY TITLE]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_

Attestation: By signing this DSA, I affirm under the penalty of perjury (Ind. Code § 35-44.1-2-1(a)) that all representations of the Organization made in this DSA and any exhibits to this DSA prepared by the Organization are true and correct.

**APPROVED:**

\_\_\_\_\_\_\_\_\_\_\_\_\_
Chief Privacy Officer

Date: \_\_\_\_\_\_\_\_

[AGENCY NAME]
[AGENCY SIGNATORY NAME]
[AGENCY SIGNATORY TITLE]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_

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