

NC Central Cancer Registry Address Validation Lookup Application Agreement

The North Carolina State Center for Health Statistics (NC SCHS) is a section within the North Carolina Department of Health and Human Services (NC DHHS), Division of Public Health (DPH). The Health and Spatial Analysis Branch (HSAB) of NC SCHS creates, edits, and develops geographically referenced data relevant to health topics. In cooperation with other branches within NC SCHS, HSAB is committed to offering its users the most accurate information possible.

The North Carolina Central Cancer Registry (NC CCR), another branch of NC SCHS, maintains a population-based reporting system that serves as the sole repository of complete cancer incidence data for the State of North Carolina. HSAB supports the work of NC CCR by offering a NC CCR Address Validation Lookup Application (Application) that assists medical facilities that report cancer information to NC CCR in validating address information.

The Application contains the USPS ZIP+4 database, licensed to NC DHHS by the US Postal Service. NC DHHS has purchased licenses for use by medical facilities that are submitting cancer abstracts to NC CCR (Users). Access and use of the NC CCR Address Validation Lookup Application and the data that it contains by Users are governed by the terms of this agreement and the USPS license.

Every reasonable effort has been made to ensure the accuracy of the information within the Application; however, the information may reflect errors that originate from sources used to create the Application. Users should consult original sources to verify the accuracy of the information contained within the Application. Neither NC DHHS nor its employees assume any responsibility for the information provided, nor any responsibility for damage caused by the installation and use of the Application. NC DHHS disclaims all warranties, express or implied, with respect to the Application and data contained within the Application. NCDHHS shall not be liable for any damage or loss of any kind arising out of or resulting from User's possession, use of, or inability to use the Application and data contained within the Application.

In accessing and using the Application and Application data, Users agree to:

- Limit use of the Application and Application data to validating addresses for submission to NC CCR;
- Download and use the Application on only one computer, unless NC DHHS approves in writing for additional computers to be used;
- Uninstall the Application from any computer that will no longer be used for validating addresses for submission to NC CCR;
- Periodically (e.g., annually) check the CCR website to see if USPS ZIP+4 updates have been made available by HSAB, and if so, replace their current ZIP+4 database with it.

The resale or redistribution of the application or the USPS ZIP+4 data used by the application is prohibited.

An authorized representative of the medical facility/User with signatory authority for the medical facility making the request for the Application must sign and return a copy of this document to NC DHHS prior to

downloading or using the Application. The medical facility/User is responsible for ensuring all individuals who access the Application or Application data under its authority comply with the terms of this agreement.

By signing below, I affirm on behalf of [medical facility name] that I have read the NC CCR Address Validation Lookup Application Agreement and agree to be bound by the terms therein.

Medical Facility/User: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Name of Authorized Signatory: _____

Signature: _____

Date: _____

Please send ORIGINAL to: Christian Klaus, Fax# (919) 733 8485, or NC SCHS 1900 Mail Service Center Raleigh, NC 27699. Alternatively, scan this document after signing, and email to christian.klaus@dhhs.nc.gov.