

**Health Professions Opportunity Grant (HPOG) Program**  
**Grantee Representative PRS Data Management Agreement**

The Health Professions Opportunity Grant (HPOG) Program Performance Reporting System (PRS) is used by designated grantee staff to enter information regarding participants and grant program structure information. The PRS contains sensitive information including individual participant demographic, service receipt, and follow up information. Therefore, those staff members utilizing the PRS must ensure that information entered is accurate and kept in a secure manner. This document is an agreement regarding appropriate data entry and management practices with which grantee staff entering and reviewing information in the PRS will comply.

I, \_\_\_\_\_ (please print your full name), agree to the following:

1. Participant data will be entered into the PRS within the appropriate reporting period that align with the program timelines for registration/enrollment, service provision, and follow up activities.
2. All data entered is accurate and complete based on the information reported by the appropriate client and/or staff member providing the information.
3. Personal access information (username and password) for PRS is maintained in a secure location and not shared with any other individual.
4. PRS access information (username and password) is maintained on an individual staff level and not shared across staff accessing PRS.
5. Computers used to access the PRS are password protected.
6. Computer stations are maintained in a secure manner and the PRS is exited prior to leaving the computer station area.
7. Participant data elements and/or files are sent using secure transfer methods.
8. Participant data maintained in the PRS is not shared with individuals who are not engaged in the HPOG Program activities at the grantee organization and who do not have approval to receive the information.
9. Upon ending involvement in the HPOG program, during the grant period, the grantee and/or individual staff member will identify their username to the Urban Institute representative to ensure the individual PRS account is deactivated.
10. Any breach or suspected breach of data confidentiality shall be reported immediately to the Urban Institute site representative.

\_\_\_\_\_  
(Staff Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Staff Supervisor Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Date

**Form submission: Submit the completed form by email or fax.**  
**Fax the form to: (202) 452 – 1840**  
**Scan and email the completed form to: [PRSSupport@urban.org](mailto:PRSSupport@urban.org)**