



# Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, M.D., M.P.H.**  
Commissioner

**MEGAN E. BALDWIN**  
Acting Executive Deputy Commissioner

## Affidavit of Destruction of SPARCS Data

In accordance with the policy of the New York State Department of Health and the SPARCS program, I, \_\_\_\_\_, hereby confirm and attest that all copies of SPARCS data in the possession of my institution or organization for the SPARCS request number(s) and data year(s) listed below, including any subsets and derivatives, have been destroyed.

SPARCS Request Number	Data Years

\_\_\_\_\_  
Signature of Organizational Representative

\_\_\_\_\_  
Organization/Institution Name

\_\_\_\_\_  
Date

Please Describe the Method of Data Destruction:

### Individual Acknowledgment:

State of \_\_\_\_\_ County of \_\_\_\_\_

On this day before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, to me known to be the individual who executed this affidavit, and acknowledged that s/he signed the affidavit as a free and voluntary act and deed, for the uses and purposes described therein.

Given under my hand and official seal this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
By \_\_\_\_\_ Residing at \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_  
My commission expires \_\_\_\_\_

Please send your signed and notarized affidavit to the SPARCS program at [sparcs.requests@health.ny.gov](mailto:sparcs.requests@health.ny.gov), or send a physical copy to: SPARCS Governance, Office of Quality and Patient Safety, New York State Department of Health, Empire State Plaza, Corning Tower Room 1998, Albany, NY 12237