

Data Use Agreement

Instructions. Each investigator associated with the project must complete this Data use Agreement form. Data and the requested data entry program will be sent to the specified principal investigator once the project has been approved and all investigators have submitted a signed DUA.

I understand that I am responsible for the integrity, security and appropriate use of all electronic data, files and printed reports that I receive. If I receive even one PHI* element or any other confidential data, I will do the following (staff member to check each box):

I understand and acknowledge that: (Check to acknowledge each statement)

- I will abide by all institutional Privacy and Security Policies.
- I will limit access to the data stored on ANY computer only to those who have been authorized to access the data.
- I will view PHI data only as needed to complete my job. Where possible I will not include any PHI in my reporting.
- I will not use this data for Research purposes unless the original intent was identified as Research (if the intent of the request changes from non-Research to Research, you must re-apply).
- I will ensure that when I am finished with the data file it will be removed from my computer or securely stored (with encryption).
- I will limit the analysis of the provided data to what was proposed and approved in the Research or Evaluation Proposal form.

Attestation on Responsible Handling of Data

I will ensure that storage of, and electronic transmission of this data, either via email or electronic file transfer (ftp), utilizes encryption. This includes, but is not limited to:

- personal computers
- CD's
- Thumb-drives
- PDAs and mobile devices
- Removable hard drives
- Network (cloud) storage

Signature

Date

Each Investigator must sign and date a DUA form