Tulane University/Tulane Medical Center Electronic Medical Record (EMR)/Paper medical record Restricted Query Tool for Research Data Use Assurance (DUA) Sponsorship Form

This Data Use Assurance is designed to permit approved users access to use Tulane Medical Records for the purpose of accessing clinical data required for use in an IRB-approved research study. Your acceptance of this assurance certifies that you understand and agree to all applicable terms contained herein:

I understand that all searches executed within the system are recorded and will be examined, as part of routine compliance audits. The identity of the user is recorded along with information related to each search executed.

I understand that no person registered as a user of the system may share his/her login information with any other person for purposes of accessing this system. Only registered users who are Tulane University faculty or academic staff may use the system, having completed CITI, HIPAA and all other required training. As the Principal Investigator of this research study, I would like to sponsor the following members of my research team:
The Research Study title:
IRB #:Date of IRB approval:
Dates for which access should be provided for this study:
From:
I declare that the requested information constitutes the minimum necessary data to accomplish the goals of the research monitoring activity.
I acknowledge the additional level of ethical sensitivity inherent in accessing data from electronic medical records and agree to exercise ethical conduct when so doing.
I understand that any violation of this assurance may result in a disciplinary action by my institution in consultation with the appropriate office(s) at my institution. I have completed the Tulane University HIPAA security training online. □ I accept all of the above terms.
P.I. Print Name: Date:
P. I. Signature:

Version 1

Approved: 022014