



UI CareLink Site User Confidentiality and Use Agreement

(Individuals requesting access to UI CareLink (“Site User”) must review and sign this document in order to obtain access)

Please type or print in the boxes and return to the UIHC Study Coordinator for submittal.
Health Care Information Systems requires the following information for creating and securing network and system accounts.

Name _____ Title: _____	
Date of Birth: _____	
Direct Phone Number: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Work Email Address: _____	
Research Organization Name: _____	
Research Organization Address: _____	
Research Organization Fax Number: _____	
Name of UIHC Study Monitor: _____	
Have you ever worked, attended or been affiliated with the University of Iowa? Yes No	
If yes, Year _____	Names(s) used _____

University of Iowa Health Care (“UI Health Care”) creates and maintains demographic and health information relating to its patients (defined as “Confidential Information”) who are participating in the sponsored Clinical Trial. This Confidential Information is located within the UI Health Care computer information systems (defined as the “UI Health Care electronic medical record” or the “UI Health Care EMR.” UI Health Care Policy, as well as federal and state laws and regulations prohibit unauthorized or inappropriate access of Confidential Information.

UI Health Care has provided you, the “Site User,” with this Agreement because you and the entity for which you work named above (“Research Organization”), provides research monitor services to research initiatives at UI Health Care.

To facilitate the research being conducted, UI Health Care will grant you appropriate access to Confidential Information related to the Clinical Trial contained in the UI Health Care EMR through a secure, on-line remote access service called “UI CareLink.” The UI Health Care EMR, for purposes of this Agreement, means all UI Health Care computer hardware, software, data or voice communication facilities, excluding the UI Health Care web pages devoted to employment, job resources and general public information.

The information provided on this form is required to create a University ID number (UID) which will become your permanent University of Iowa identifier and is required in order to access Confidential Information in the UI Health Care EMR via UI CareLink. The UID becomes the unique, permanent identifier upon which system access is built. In some cases, an individual may already have a UID if s/he has a previous relationship with the University of Iowa (e.g., former student, past employee). The UI Health Care account management process connects the account requestor with their previous UI identity or creates an identity (UID) for all future UI encounters.

USER ACKNOWLEDGEMENT

UI Health Care agrees to grant me access through UI CareLink to the UI Health Care EMR, only in full compliance with and fully subject to the conditions of this Agreement, the General User Terms and Conditions found on the UI CareLink website <https://uicarelink.uihealthcare.org> and applicable state and federal law.

1. I acknowledge that by accessing the UI Health Care EMR via UI CareLink, I may obtain Confidential Information. Therefore, I agree to conduct all activity in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), and any similar state or local laws, all as amended from time to time.
2. I agree to complete all training offered by my Research Organization and UI Health Care concerning the use of UI CareLink and my obligations under this Agreement.
3. I agree that I will not attempt to access or save Confidential Information on portable media devices (i.e. Floppies, ZIP disks, CDs, PDAs, and other devices).
4. I agree to safeguard my user ID and passwords. I agree to notify the UI Health Care Support Desk at 319-356-0001 immediately if I become aware or suspect that another person has access to my user ID or passwords. I agree not to share my user ID or passwords or allow any other individual (whether authorized or not) to use the system once I have accessed it, or in any other way allow any unauthorized person to use or access UI CareLink, the Confidential Information and the UI Health Care EMR either onsite or remotely. I agree not to use or release anyone else's user ID or password. I agree to fully log out of UI CareLink and the UI Health Care EMR before leaving my workstation. I understand that I may have my password changed at any time by the system administrator.
5. I agree to only access, use, copy, make notes of, remove, divulge or disclose Confidential Information for those subjects participating in the Clinical Trial. I also agree to access only the amount of Confidential Information necessary to perform my job functions related to such research. I agree that I am strictly prohibited from accessing, using, copying, making notes of, removing, divulging or disclosing any other Confidential Information and shall hold UI Health Care fully harmless from any damage related to such unauthorized access. Any other access or use as described herein requires the express written permission of UI Health Care.
6. I agree that the only data that will be accessed by me or my Research Organization shall be that of patients who are participants in the IRB-approved study for which I/Research Organization act as the study monitor.
7. I agree that UI Health Care shall maintain an audit trail of my electronic transactions on UI CareLink. In addition, the system will capture and retain my name, identification number, and any other pertinent information required by UI Health Care in order to provide UI CareLink for my use. I understand this information will be maintained by UI Health Care in a confidential and secure manner in keeping with applicable industry standards.
8. I agree that UI Health Care may audit my compliance with this Agreement. I agree that my obligations under this Agreement will continue in the event that UI Health Care terminates my access to the electronic medical record under this Agreement.
9. I agree that if I print Confidential Information, I will take reasonable safeguards to protect the printed Confidential Information from any access or use not authorized by this Agreement, and thereafter destroy such copies when they are no longer required for the purposes authorized herein.
10. I agree that depending on the severity and impact of an unauthorized release of Confidential Information by me, both my Research Organization and I may be subject to liability caused by anyone injured by the release of Confidential Information. I recognize that it is extremely important that I take the responsibility for maintaining security of data and passwords seriously.
11. If I breach any provision of this Agreement, UI Health Care has the right to terminate my access to UI CareLink and the UI Health Care EMR immediately and may take whatever other actions are available to it at law or in equity against me.
12. I agree to maintain the security procedures established by my Research Organization for the computers on which I access UI CareLink and the UI Health Care EMR. I understand that the obligations of this Agreement apply to access and use of UI CareLink and the UI Health Care EMR for the Clinical Trial from an office, home, or remote location. I will not use or attempt to access UI CareLink and the UI Health Care EMR by any means not specifically authorized by UI Health Care, including but not limited to the use of any Internet or other non-secure means of connection. I will take no action to avoid or disable any protection or security means implemented in UI CareLink and the UI Health Care EMR or otherwise use any means to access UI CareLink and the UI Health Care EMR without following log-in procedures specified by UI Health Care.
13. I agree that I cannot have another person take my place as a Site User under this Agreement (called an "assignment") without the express written permission of UI Health Care. The decision as to whether to provide such permission shall be in the sole discretion of UI Health Care.

I understand and acknowledge that by my signature below, I have read, understood and shall comply fully with the terms and conditions of this Agreement and the UI CareLink General User Terms and Conditions located at <https://uicarelink.uihealthcare.org>.

I certify that the personal identifiers I have provided on this form are true and accurate.

Name (Please Type or Print

Signature

Date

Return completed form to UIHC Study Coordinator