

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 a Restricted View in the Medical Records for the purpose of requesting clinical data and may be used only for the purpose of research monitoring. 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. However, a non-faculty user must be sponsored by a Tulane University faculty member who will be accountable for DUA compliance. As a faculty member, I would like to sponsor:

MONITOR NAME

COMPANY

I agree not to use the information for any purpose other than monitoring the below indicated Tulane University Institutional Review Board (IRB) approved research study.

Monitor Signature: _____

The Research Study title: _____	
IRB #: _____	Date of IRB approval: _____
Dates for Access: _____ to _____	

I agree to restrict individual queries to legitimate research topics.

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: _____