

**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 for the purpose of functioning in the capacity of a Physician Extender and/or Nurse/Coordinator and viewing the clinical records as assigned by the Physician in charge. 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. As Physician Extenders and/or Nurse/Coordinators on my staff, I would like to sponsor the following users:

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.

Physician: Print Name: _____ Date: _____

Physician: Signature: _____