

The Medical University of South Carolina Clinical Data Warehouse Restricted Query Tool for Research Data Use Assurance (DUA) Sponsorship Form

This Data Use Assurance is designed to permit approved users access to the Restricted View in the MicroStrategy Platform for the purpose of requesting aggregate clinical data from the Clinical Data Warehouse (CDW) and may be used only for the purpose of research. Your acceptance of this assurance certifies that you understand and agree to all applicable terms contained herein:

I understand that this system was not designed, nor is it intended, to support any aspect of patient care and its use for any patient care purposes is prohibited.

I understand that the results returned by this system may not be distributed outside of the Medical University of South Carolina (MUSC).

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 MUSC faculty or academic staff may use the system. However a non-faculty user must be sponsored by a MUSC faculty member who will be accountable for DUA compliance. As a faculty member, I would like to sponsor: (name/NetID)

I agree not to use the information for any purpose other than indicated above.

I understand that the data retrieved using this query system may not be used to identify or contact any individual or to attempt to learn the identity of any household, family, person, establishment or sampling unit included in these data.

I understand that only aggregate numbers of patients satisfying any given data query will be provided by this system.

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.

I acknowledge the additional level of ethical sensitivity inherent in accessing data from electronic medical records and agree to exercise exemplary 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 MUSC "Code of Conduct / HIPAA / Information Security" security training in CATTs (<http://www.musc.edu/catts>).

I have read and understood the University's computer use policy (<http://www.musc.edu/infoservices/cup.html>).

I accept all the above terms.

Print Name: _____ Date: _____

Signature: _____

When complete please scan and send to cdw-research@musc.edu