The Medical University of South Carolina Research Data Warehouse
i2b2 Query Tool Data Use Assurance (DUA) Sponsorship Form

This Data Use Agreement is designed to permit approved users access to the i2b2 research query tool for the purpose of requesting aggregate clinical data or limited clinical data sets from the Research Data Warehouse (RDW) and may be used only for the purpose of research or outcomes analysis. Your acceptance of this assurance certifies that you understand and agree to all applicable terms contained herein:

I understand that any effort to determine the identity of any reported cases, or to use the information for any purpose other than indicated above, is prohibited.

I will not use the Data Set to identify or contact any individual who is the subject of the Protected Health Information (PHI) from which the Data Set was created and I will make no attempt to learn the identity of any household, family, person, establishment or sampling unit included in these data.

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

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 agree to restrict requested query topics and associated 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 have completed the MUSC "Code of Conduct / HIPAA / Information Security" security training in MyQuest (http://myquest.musc.edu) or other system as required. I have read and understood the Universities computer use policy (http://www.musc.edu/infoservices/cup.html).

As a faculty member, I would like to sponsor:

Print Name: _____ Netid: _____

□ I accept all of the above terms.

Print Name: _____ Date: _____

Signature: _____

When complete please scan and send to datarequest@musc.edu
Form version 1/30/2017