

Enterprise Research Infrastructure & Services – EDC Use Agreement

Use of an Electronic Data Capture (EDC) system to collect protected health information is governed by the requirements of the Federal Health Insurance Portability and Accountability Act of 1996 and its implementing regulations and guidance, all as amended from time to time (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009, and its implementing regulations and guidance issued by the Secretary, all as amended from time to time (“HITECH Act”).

EXTERNAL USER: PLEASE READ, SIGN, AND RETURN THIS FORM TO THE PARTNERS EMPLOYEE REQUESTING YOUR ACCESS

By signing this Use Agreement, in consideration to my access to the system, I verify that I have the education, training and experience necessary to perform the activities involved in my project my tasks and that I will adhere to the following requirements:

- I will disclose, receive, transmit, maintain and/or create data using the EDC Application consistent with the data privacy and security policies of Partners HealthCare (*provided per request*), this EDC Use Agreement, and the specific purposes as defined by the IRB protocol or departmental business requirements for the project which I have been granted access.
- I will comply with all applicable state and federal regulations including but not limited to Massachusetts Data Breach Notification Law set forth at M.G.L. c. 93H and 93I; Massachusetts Standard for Protection of Personal Information 201 CMR 17.00; HIPAA and HITECH Act.
- I will only authenticate to and access the system under my username and password, keeping my password completely confidential. I will always log off before leaving the site to ensure system security.
- I will immediately report any inappropriate use or disclosure of PHI and any Security Incident related to the system of which I become aware to Partners HealthCare System by calling the Partners HelpLine at 1-800-856-1983; I will follow the instructions and use reasonable efforts to mitigate any harmful effects resulting from unauthorized use or disclosure.
- I understand that inappropriate access or negligence will lead to immediate removal of my access and, as applicable, could result in disciplinary or other legal action.

External User's Signature: _____

Print Name: _____ Date: _____

Email Address: _____

PARTNERS REQUESTER: PLEASE READ, SIGN, AND RETURN AN ELECTRONIC COPY TO EDCSUPPORT@PARTNERS.ORG

I authorize the above-named user to gain access to the requested EDC Application. I understand that I am accountable for this user's access and training and that violating the provisions of the EDC Application User Management Policy [Section D] constitutes grounds for disciplinary actions as determined by PHS's policies and applicable privacy laws.

Partners Requester Signature: _____

Print Name: _____ Date: _____