

**Center for Clinical and Translational Science (CCTS)
Enterprise Data Trust Data Use Agreement (DUA)**

To: Biomedical Intelligence Reporting Officer

I am requesting access to, patient data and demographic information, which may include protected health information (PHI) which is housed in the CCTS Enterprise Data Trust for research purposes. I understand that in order to be granted access to PHI, I must abide by certain requirements in regards to usage, storage, and destruction of any data copied and/or extracted from the Enterprise Data Trust. I understand the DUA is in effect for the entire length of the research project, regardless of my employment at the University of Kentucky.

I understand that the use of the PHI that I may be granted is restricted to me and the PHI will not be disclosed, loaned, duplicated or shared with any other individual or institution without first securing written permission from the [Biomedical Intelligence Reporting Officer](#). If such permission is received, I will ensure that any individual, institution or agent provided such data will agree to the same restrictions and conditions that apply to me with respect to such data.

If employed outside of the covered entity, I understand my data will be released to me on a virtual machine housed on a server within the covered entity, and will not attempt to print, duplicate, disclose, or share any of the information released to me without first securing written permission from the Biomedical Intelligence Reporting Officer.

I have implemented appropriate safeguards to prevent use or disclosure of the PHI to any other entity. Appropriate administrative, technical and physical safeguards including, but not limited to, encryption, password protection, access control, periodic audits, data backup, and virus software have been implemented.

A breach, defined as the acquisition, access, use or disclosure of PHI in a manner not permitted by the HIPAA Privacy Rule, compromises the security and privacy of PHI. Suspected or alleged inappropriate use or disclosure of a patient's PHI must be reported immediately to the UK HealthCare Privacy Officer for investigation. Should a [breach](#) or suspected or alleged inappropriate use or disclosure occur, I will notify the [Biomedical Intelligence Reporting Officer](#) and [UKHealthcare Privacy Officer](#) immediately in writing with an accounting of the disclosure of PHI in accordance with 45CFR 164.528.

I have reviewed training on HIPAA Privacy & Security provided and understand my responsibility regarding protection of the data and reporting any breach or unauthorized uses/disclosures that may occur. I will not use or further disclose the data other than as permitted by this DUA or as otherwise required by law and will not use or further disclose the data in a manner that would violate HIPAA if done by the covered entity. Further, I attest I will NOT attempt to re-identify any de-identified data I might receive or in which I am granted access.

I agree to dispose of any and all data stored locally (on my hard drive, temporary storage, or removable media) in accordance with approved policies.

I agree to use the [appropriate citation](#) on any publication using data received by the Enterprise Data Trust, and I agree to report any publications supported by the CCTS upon the request of the Biomedical Intelligence Reporting Officer.

Requestor's Signature
Email:

Print Name
Phone:

Date

Sponsoring Faculty Signature
[Required for students & non-UK collaborators]
Email:

Print Name
Phone:

Date

Biomedical Intelligence Reporting
Officer's Signature
Email: Tamela.Harper@uky.edu

Tamela Harper

Print Name

Date

Phone: 257-9384