Hasso Plattner Institute for Digital Health at Mount Sinai (HPIMS) Data Use Agreement

The following agreement is designed to ensure the security of HPIMS and all of the IRB protocols that live within the Institute. These conditions are in place to protect the confidentiality and integrity of health information and patient data once access to HPIMS research data has been granted to an internal Mount Sinai Health System (MSHS) employee, student, or study collaborator. Please contact the HPIMS Ops/Regulatory/IT team with any questions.

BY SIGNING THE CONTRACT, THE REQUESTOR:

- Confirms that I have completed all required CITI and HIPAA trainings as required by Mount Sinai.
- Understands that I have been granted access to clinical and operational data with regards to treatment and care of patients at the MSHS, only in order to perform research related to an IRB-approved HPIMS protocol.
- Agrees to maintain the data in a confidential and secure manner in an IRB-approved location.
- Agrees only to request and receive data elements that are necessary for the research inquiry at hand.
- **Agrees not to use the data for any purpose other than that for which it was originally requested.** This includes never purposely re-identifying an individual and if inadvertently, not contacting those individuals.
- Acknowledges that the data released remains the property of the Mount Sinai Health System. These parties can request that all data be destroyed, or access suspended at any time.
- Agrees to, under no circumstances, pass on or divulge the released data to a third party without the prior approval of the HPIMS Operations team.
- Agrees not to copy or store parts or the whole of the released data in a directory that may be accessible to anyone else.
- Agrees to only access/store data on a fully encrypted machine or location approved by HPIMS IT and within scope of the research protocol being followed.
- Agrees not to store parts or the whole of the released data on any type of removable media including, but not limited to, flash drives, CD-ROMs, external hard drives, laptops, smart phones.
- Agrees not to leave printouts of datasets in any form in an area accessible to anyone else.
- Agrees that the source of the data will be properly referenced whenever it is used in publications.
- Agrees to have HPIMS review any completed manuscript before it is submitted for publication, and to follow the HPIMS manuscript standard operating procedures.
- Agrees to destroy all copies of the data and hard copies upon completion of its use for the purpose intended and inform the HPIMS Data Engineering Lead of the outcome.
- Agrees to inform the HPIMS team (manbir.singh@mssm.edu, eddye.golden@mssm.edu, patricia.glowe@mssm.edu) of any security incident within 1 business day of the incident.

CONTRACT

I, _____ (please print name),

of _____ Department/Organization, acknowledge that I have read and agree to the above provisions of the contract and indicate the intended use of the information requested and stored in the manner listed in the HPIMS project form and/or protocol that includes my name.

Signed: _____   Date: _____

Position/Title: _____   Life Number: _____