

HDC CMS File Repository Access Confidentiality Pledge



In consideration of my access to data described below, I agree as follows:

1. "Confidential Information" ("CI") means the following information:

CMS data files held at Fred Hutch or in systems managed by Fred Hutch

2. I agree not to make use of, disseminate, disclose, or in any way circulate any CI as defined above except as expressly permitted by this Confidentiality Pledge. If Confidential Information is used for research purposes, such CI may be published, presented or otherwise disclosed to other research team members in connection with the research study entitled:

Study Title:	
Institutional Review File #	
Protocol #	

provided, however, that no disclosure of CI can be made that identifies an individual or could be used to identify an individual unless permitted by applicable law and data use agreement and approved by Institutional Review Board ("IRB") designated by the Fred Hutch IRB. For research use, I will only use the CI in a manner consistent with stated purpose, applicable law, data use agreement and any terms/conditions imposed by the IRB. I pledge that I will not re-disclose to any person or entity any CI that has not been authorized to receive such CI.

3. I agree not to disclose any computer password or otherwise provide access to CI to any unauthorized person. I will report to my supervisor, system administrator or the FH HelpDesk if I believe or suspect the confidentiality or security of my password has been compromised.
4. I agree not to remove any CI from Fred Hutch managed systems and/or facilities except as required by law and as specified in the associated CMS DUA.
5. I agree to destroy all copies of CI under my control as soon as the purposes of the research study for which I have been given access to the CI have been accomplished. Destruction will be according to the CMS DUA associated with these data.
6. I agree any use of CI in the creation of any document (Manuscript, table, chart, study, report, etc.) must adhere to CMS's current size suppression policy in which no cell (e.g. admittances, discharges) may display 10 individuals or less or display percentages or formulas which may result in display of 10 or less.
7. I agree to comply with all applicable laws, regulations and affiliated data use agreements regarding the security and confidentiality of individually identifiable health information, including, without limitation, the Health Insurance Portability and Accountability Act ("HIPAA") (See: 45 CFR Parts 160, 162 and 164), Washington State's requirements (See: RCW 70.02 and RCW 42.48), regulations of the Office of Human Research Protection (45 CFR Part 46) and, if indicated, FIPS 200 and NIST 800-53-2. Use of unsecured telecommunications, including internet, to transmit identified data is prohibited.
8. I understand and acknowledge that this Agreement may not be amended and that use of CI in a manner not permitted by this Confidentiality Pledge is prohibited.
9. I understand that a violation of the terms of this Confidentiality Pledge may result in termination of my permission to have access to and use of Confidential Information as permitted herein.
10. I agree to indemnify, defend, and hold Fred Hutch harmless from any causes of action, claims, damages, or liabilities arising or alleged to arise from my failure to comply with any of the provisions of this Confidentiality Pledge.
11. My signature confirms I have read and agree to the terms above of this Confidentiality Pledge.

Full Name: _____ Email: _____

Title: _____ Date: _____

Original Signature _____

Full Name of PI/Supervisor (if different than above) _____

Signature of PI/Supervisor (If different than above) _____