



Data Office for Clinical & Translational Research

Central Biorepository

Precision Health

Responsible Use of Patient Data and/or Biospecimens **Disclosure Attestation**

The use of Michigan Medicine's Patient Data and biorepository resources for research or quality improvement purposes is a privilege, not a right. With this privilege comes the responsibility to protect the privacy of individuals who are the subjects of the data and/or biospecimens, to not use, disclose, or transfer data or biospecimens other than as permitted and to appropriately secure the data and/or biospecimens just like Michigan Medicine must do by federal and state law.

Data will not be released to you until you demonstrate that the data will be secured through appropriate administrative, physical, and technical control throughout the life of the project. Even if all sensitive identifiers are removed from a dataset, the researcher must maintain highly ethical and secure handling practices with the patient data. Michigan Medicine and Precision Health reserve the right to terminate your access and use of its data should it find that you are in violation of any of the terms and conditions defined herein or as required by law.

<u>Information for users of Precision Health Resources:</u>

This form must be filled out and signed by each user, regardless of role. Please return the signed document to PHDataHelp@umich.edu. Access will not be granted until the signed document has been received.

*A faculty sponsor is required for staff and student users of Precision Health Resources.

Faculty sponsors must discuss ethical and secure data handling and use with the sponsored user. To document this discussion, the attached form must be completed by the sponsored user and signed by both the user and the faculty sponsor.

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PROJECT SPECIFIC INFORMATION

User Name:				
Uniqname:	Role:	Faculty _	Staff* _	Student*
User Department:		H	HUM #:	
Project title:				
Faculty Sponsor*:		Department: _		· · · · · · · · · · · · · · · · · · ·
Precision Health (PH), the Data Offi Biorepository (CBR) will grant access responsible data and/or biospecime initial each item):	ss to patient data and/	or biospecimen	s with the explici	t expectation that all
I am responsible for protection entrusted to me throughout			formation contair	ed in the Patient Data S
I am responsible for creating and must provide, upon reand administrative controls disclosures.	quest, my written data	a management	plan describing t	he technical, physical,
I may not make any attempressed approved by the IRB.				
I may use and disclose the	Patient Data Set onl	y as permitted l	by my approved	RB application.
I must report all unapprove Information to Michigan Mogroup@med.umich.edu.				
I cannot disclose, transmit appropriate approvals and Contact DOCTR https://res	without having the ap	opropriate agree	ements in place v	with the non-UM entity.
I will not remove the Patier aggregate data for purpose permitted.				
After completion of any IRI ———————————————————————————————————	CBR resources, the C Any datasets in the I stroyed upon receipt.	CBR, in collabor PI's possession DOCTR will ret	ation with DOCT that include ider ain keys to the c	R will provide coded htifying information that i ode and will be able to
User Signature:			Date:	
Sponsor* Signature:			Date:	

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