

1670 E. Drachman Street

Tucson, AZ 85721
Tel: (520) 626-1542
Fax: (520) 621-1846

[research.uahs.arizona.edu/](http://research.uahs.arizona.edu/)

# OnCore Confidentiality/Authorization Agreement

As an OnCore™ user you may have access to "private information." Before using this system, be sure that you understand your responsibilities regarding confidentiality of private information.

The definition of an OnCore™ user is anyone who is granted access to the OnCore™ web-based database system with a user ID and password, which is equivalent to your signature. Do not share or disclose your user ID or password with anyone. When leaving your workstation, you must log out of OnCore or lock your workstation. You can do this by pressing the Window Key (next to the Alt Key) in conjunction with the “L” key.

As part of your duties, you may be required to collect information about a patient’s medical condition, history, medication, and/or family illness to provide the best possible care. You must realize the sensitive nature of this information and be committed to maintaining it confidentiality. You agree to not release or discuss patient-specific information with others unless it is necessary to serve the patient, is required by law, or unless the patient has consented to such disclosure.

Measures must be taken so that all information captured, maintained, and/or utilized by this institution and any of its off-site subsidiaries and affiliates can be accessed only by authorized users. The University of Arizona has a legal and ethical responsibility to safeguard the privacy of all patients, protect the confidentiality of their health information, and all other types of confidential information. Patient information is confidential regardless of how it is obtained, stored, utilized, or disclosed.

Every patient can expect that their privacy will be protected, and that patient-specific information will be released only to persons authorized by law or by the patient’s written consent. In an emergency situation, when requested by an institution or physician when treating a patient, the patient consent is not required, but the name of the institution and the person requesting the information must be verified. This should be done as a call-back process.

As an authorized user of OnCore, I agree to adhere to the above requirements. Failure to do so may result in the revocation of my privileges.

|  |
| --- |
| **Trainee’s Information** |
| Print Name: |  | Signature: |  |
| CITI Training Date:  |  | Signature Date: |  |
| Email: |  | Phone: |  |
| **Staff Role(s) (check all that apply)** |
|  | Clinical Research Coordinator |  | QA/QC-Internal Monitor |  | Banner Research Coordinator |
|  | Research Data Coordinator |  | Research Pharmacist |  | Dignity Research Coordinator |
|  | Regulatory Coordinator |  | Student – Regulatory Office |  | Management |
|  | Research Nurse |  | Student – Clinical Office |  | Other (specify): |
| **Supervisor Authorization** |
| Trainee’s Supervisor Signature:  |  | Signature Date: |  |
| **Trainer’s Information** |
| OnCore Trainer: |  | OnCore Training Date: |  |