Anesthesia Information Management System (AIMS) Data User Agreement

Department of Anesthesiology & Pain Medicine

University of Washington, Seattle, WA

Data is requested for: __Clinical  __Operational  __QA/QI  __Research or Pre-research purposes.

In addition to the standard UW Medicine Privacy, Confidentiality, and Information Security Agreement, you are responsible that:

1. Data is limited to the minimum amount necessary to perform your authorized activity.

2. Data dissemination will be to authorized individuals and used for this project only. The supplied data will not be used for any other purpose (other studies, data reports or education) without prior approval from the AIMS data steward.

3. Appropriate safeguards will be used as the data will be accessed, maintained and distributed. The user will follow UW Medicine security standards for the use of PHI: (Safeguards include, but are not limited to: minimum security requirements for servers and workstations, encryption required for all portable devices, and media handling requirements to protect from damage, theft and unauthorized access.)

4. If you will receive data without direct identifiers, you will not attempt to identify the individuals for whom the data were obtained.

5. The identity of individual patients or providers will not be disclosed when the data are shared via presentation or publication.

6. The quality and completeness of data cannot be guaranteed.

If you are requesting data for research purposes, the following conditions also apply:

7. If you are requesting PHI that is individually identifiable, you agree that you will not use AIMS data for research purposes until IRB approval has been obtained.

8. If non-aggregate or raw data is provided for research purposes, the user agrees to destroy the raw data at end of the approved research period with an email confirmation sent to UwAIMSResearch@uw.edu

By signing this agreement, I understand and agree to abide by the conditions of the distribution of the MERGE AIMS data.

User Name: ____________________________________________

Project Title: ____________________________________________

IRB # (if applicable): ________________________________

Signature of User: ___________________________ Date: __________

Signature of Faculty Lead (for resident, fellow project): ___________________________ Date: __________

APPROVAL OF REQUEST

Signature of AIMS data steward: ___________________________ Date: __________