

FOR INTERNAL USE ONLY

HIPAA COMPLIANCE DATA USE AGREEMENT

This Data Use Agreement (“Agreement”) is made and entered into as of this _____ day of _____, 20__ by and between the University of North Texas Health Science Center(“Covered Entity”), and _____ (“Data Recipient”).

1. This Agreement sets forth the terms and conditions pursuant to which Covered Entity will Disclose certain Protected Health Information (PHI) to the Data Recipient.

2. Except as otherwise specified herein, Data Recipient may make all Uses and Disclosures of the Limited Data Set necessary to conduct the research described herein: _____ (include a brief description of the research and/or IRB protocol number) _____ (“Research Project”).

3. In addition to the Data Recipient, the individuals, or classes of individuals, who are permitted to Use or receive the Limited Data Set for purposes of the Research Project, include: _____

4. Data Recipient agrees to not Use or Disclose the Limited Data Set for any purpose other than the Research Project or as Required by Law.

5. Data Recipient agrees to use appropriate safeguards to prevent Use or Disclosure of the Limited Data Set other than as provided for by this Agreement.

6. Data Recipient agrees to report to the Covered Entity any Use or Disclosure of the Limited Data Set not provided for by this Agreement, of which it becomes aware, including without limitation, any Disclosure of PHI to an unauthorized subcontractor, within ten (10) days of its discovery.

7. Data Recipient agrees to ensure that any agent, including a subcontractor, to whom it provides the Limited Data Set, agrees to the same restrictions and conditions that apply through this Agreement to the Data Recipient with respect to such information.

8. Data Recipient agrees not to identify the information contained in the Limited Data Set or contact the individual.

UNTHSC

DATA RECIPIENT

Name: _____
Title: _____

Name: _____
Title: _____