

Data Use Agreement

This Data Use Agreement is made and entered into by and between the University of Kansas Medical Center Liver Center Tissue Bank and _____ [Data Recipient].

This Agreement sets forth the terms and conditions under which the University of Kansas Medical Center will disclose Protected Health Information in the form of a Limited Data Set to the data recipient listed above. For the purposes of this agreement, the terms “protected health information” and “limited data set” shall have the same definitions as found in the HIPAA Privacy Rule 45 CFR 164.501 and 45 CFR 164.514(e)(2).

A Limited Data Set has all of the following direct or indirect identifiers removed from the health information:

- (i) Names;
- (ii) Postal address information, other than town or city, State, and zip code;
- (iii) Telephone numbers;
- (iv) Fax numbers
- (v) Electronic mail addresses;
- (vi) Social security numbers;
- (vii) Medical record numbers
- (viii) Health plan beneficiary numbers;
- (ix) Account numbers;
- (x) Certificate/license numbers;
- (xi) Vehicle identifiers and serial numbers, including license plate numbers
- (xii) Device identifiers and serial numbers;
- (xiii) Web universal resource locators (URLs);
- (xiv) Internet protocol (IP) address numbers;
- (xv) Biometric identifiers, including finger and voice prints; and
- (xvi) Full face photographic images and any comparable images.

The Data Recipient will receive data and specimens about participants in the KUMC Liver Center Tissue Bank, an IRB-approved protocol (KUMC #11378). The Limited Data Set will not include items (i) – (xvi) listed above. The Limited Data Set may include dates of service as needed to evaluate multiple instances of treatment, transplant, biopsy and/or clinical outcomes.

In addition to the Data Recipient listed above, the individuals, or classes of individuals, who are permitted to use or receive the Limited Data Set for purposes of the research project include: _____

[list].

The Data Recipient listed above agrees to not use or disclose the Limited Data Set for any other purpose other than the research project or as required by law.

The Data Recipient listed above agrees to use appropriate safeguards to prevent use or disclosure of the Limited Data Set other than as provided for by this agreement.

The Data Recipient listed above agrees to report to the University of Kansas Medical Center Privacy Official any use or disclosure of the Limited Data Set not provided for by this agreement, of which he or she becomes aware, including without limitation, any disclosure of Protected Health Information to an unauthorized subcontractor, within ten (10) days of discovery.

The Data Recipient listed above agrees to ensure that any agent, including a subcontractor, to whom he or she provides the Limited Data Set, agrees to the same restrictions and conditions that apply through this agreement, with respect to such information.

The Data Recipient listed above agrees not to ascertain the identity or contact the subjects of the information.

SIGNATURES

University of Kansas Medical Center

Data Recipient

Director, Liver Center Tissue Bank

Printed Name

Date

Signature

Institution

Date