

**UT Health San Antonio™ Employee**

**Confidentiality Agreement and Acknowledgement of Privacy Practices and Policies**

This agreement form must be signed and returned to the email address of Research@uhs-sa.com, prior to site visit at the University Health System (UHS) Research Department or any UHS facility with the external research monitor or other individual acting in the capacity (whether an auditor, pharmaceutical company, or Contract Research Organization).

Upon entrance to the University Hospital Clinical Research Department, the UT Health San Antonio™ Employee will sign into the UHS Research Monitoring log. After signing in, the research monitor will receive a visitor badge that must be returned by 4:30 PM or when monitoring ends.

The UT Health San Antonio™ Employee understands and acknowledges that the external research monitor must be accompanied by the UT Health San Antonio™ Employee for the entire duration of the monitoring while at UHS Clinical Research Department.

The UT Health San Antonio™ Employee understands and acknowledges that upon receipt of a user id and password granted to the UHS computer system, Sunrise Electronic Health Record (EMR) system, access within Sunrise EMR is the electronic equivalent of your signature, and no difference in liability existing between my written and electronic name.

The UT Health San Antonio™ Employee understands and acknowledges that they will not disclose their Sunrise EMR user id and password to any person/entity. Furthermore, the research monitor may only access patient health information that is necessary and in accordance with the approved protocol and is protected and in compliance with UHS policies, state, and federal laws. Subject health information will only be accessed under the direct supervision of the UT Health San Antonio™ Employee. UT Health San Antonio™ Employee must log in and navigate through Sunrise EMR or any other medium applicable on the behalf of the research monitor.

Any and all access within Sunrise Electronic Medical Record (EMR) system will be opt for auditing and review purposes.

**UT Health San Antonio™ Employee:**

**Signature of UT Health San Antonio™ Employee:**

**Date of Signature*:***

**Printed name of Monitor:**

**Company/Employer of Research Monitor:**

**UT Health San Antonio™**

 **(IRB) Number:**

 **Example: HSC\_\_\_\_\_\_\_\_**

**Principal Investigator (Full Name):**