



Request for Bestcare Student Access, Confidentiality Agreement

Requester Information

Submission Date	_____	Badge	_____
Name	_____	Position Title	_____
Contact Number	_____ Ext. _____	Email Address	_____
Department	_____		

Sworn Statement

- As a student of KSAU-HS delegated by PI, I will have access to information relating to patients for the project titled with an IRB NO. _____ such information include private and confidential research ideas, theories, hypotheses, I will also have access to BESTCare to retrieve information related to research project.
- The data that shall retrieve must be part of a formally IRB approved project.
- At all times, I will respect the privacy and confidentiality of the personal and health information of the patients. This confidentiality clause will remain in effect even after I leave the college.
- I will ensure that access will be limited to the data specified formally in the data collection form of the project and stamped by the IRB.
- Violations of this policy include, but are not limited to:
 - Accessing information from other M-NGHA cohorts to the M-NGHA National and International research projects that do not have authority agreements from the M-NGHA.
 - Accessing information to the Electronic Medical Records (BESTCare) for other specific research project.
 - Misusing, disclosing without proper authorization, or altering health or personal information.
 - Disclosing to another person my user name and/or password for accessing Electronic Medical Records (BESTCare).
- I will not publish any personal identifiable information that I gather from Electronic Medical Records (BESTCare); and I understand that all information I have seen and used are entitled and owned by M-NGHA.
- I understand that the access will be valid for **only three months** during a valid IRB approval period.
- I understand that M-NGHA system will conduct regular audits to ensure compliance with this agreement and its privacy policy.
- I understand that should any of these conditions be violated, I may be subject to corrective action including FAIL of the block, loss of privileges, termination of research proposal, or similar action appropriate to my association with KSAU-HS/KAIMRC and if there is a repeat, might lead to DISMISSAL from the College.
- As a student, I understand that any violation against this agreement will lead to disciplinary action from the in charge committee in KSAU-HS.

Student Number: _____

Student Signature: _____

Date (dd/mm/yyyy): _____

PI Badge Number & Signature: _____

Date (dd/mm/yyyy): _____

To be completed by the Research Data Management (RDM), KAIMRC

Acknowledgment: _____

Name & Signature: _____

Date (dd/mm/yyyy): _____