

How to Obtain a UMass REDCap

Anyone at your site who will need access to your site's implementation data access group (DAG) should request a UMass REDCap.

Step 1: Paste the following url into your browser https://arcsapps.umassmed.edu/redcap/surveys/?s=XNAEDNARPP.

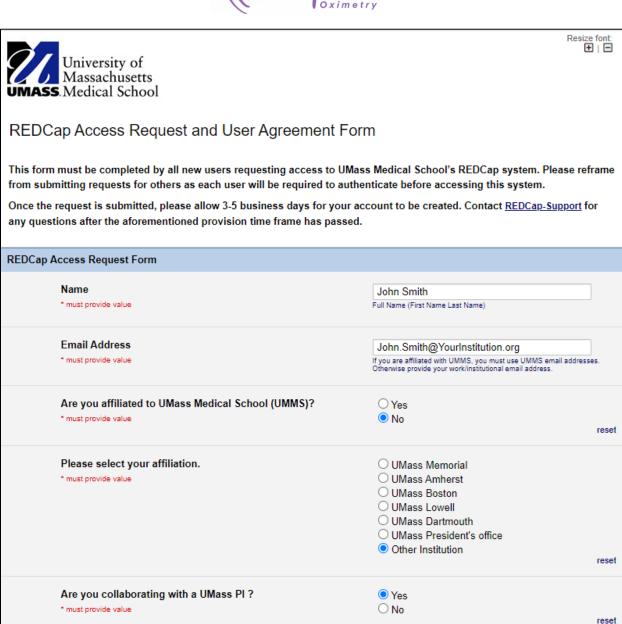
Step 2: Complete the REDCap Access Request and User Agreement Form. The following pages contain an example of a completed form.

Step 3: Submit the form. Please allow for 3-5 business days for your account to be created. If you have any questions, please reach out the UMass RHO Study Team.











Study PI name:

* must provide value

* must provide value

Pl's department:

* must provide value

Study PI Email Address:



Lawrence Rhein

Pediatrics

Lawrence.rhein@umassmemorial.org



rese	e you collecting PHI (or any of the 18 HIPPA identifiers) for earch purposes? st provide value	○ Yes ● No	reset
is re and Are	ch study group has a designated Study Administrator who esponsible for project design, managing team members, d communicating with REDCap System Administration. e you taking on this role?	○ Yes ● No	reset
	ur REDCap Study Administrator's email address.	Heather.White@umassmed.edu	
REDCap User A	Agreement Section		
Hea doll pati 2), a has	ur activities while using Protected Health Information are regulath Insurance Portability and Accountability Act, the violation lars. UMass Medical School (UMMS) also maintains highly seitents' behavioral health data, substance abuse data (covered and genetic testing data (covered under GINA - the Genetic Insulators also set forth similar protections in its Massachusetts Generactices Act) and 93H (Security Breaches).	of which can carry penalties in the millions on nsitive Confidential Information which include by the Code of Federal Regulations - Title 42, formation Nondiscrimination Act). Massachus	f es Part setts
info and mat esta eng	nderstand REDCap may be used to collect PHI and PII. I acknown action. An unauthorized disclosure or breach of Confidential patients and may be a basis for disciplinary action up to and triculation. I understand that it is my responsibility to follow the ablished by UMass Medical School (UMMS) or any other instituted by contract through my work at UMass Medical School ist provide value.	al Information affects the the well-being of clie I including termination of employment or he privacy and security policies and standard tution with which I am placed or with which I a	ents s
0	I disagree		reset
and * mus	ill not use, disclose, copy, or transmit any Confidential Inform d according to established REDCap standards. st provide value	ation except as authorized as part of my dutie	S
	I disagree		reset
* mus	ill use REDCap's Send-It, a secure data transfer application to st provide value I agree I disagree	transfer data to IRB approved parties.	reset







I will safeguard or destroy any Confidential Information as required by law, IRB guidance and/or UMass Medical School (UMMS) Record Retention Policy if it is no longer required as part of my research.	
* must provide value	
● I agree	
O I disagree	
	reset
I will ensure all devices used to access REDCap are encrypted and protected with passwords that meet UMass Medical School (UMMS) policy requirements, including my desktop computer, laptop, Smartphone, or tablet. (For reference, please review the UMass Medical School (UMMS) Encryption Policy to ensure compliance.)	
* must provide value	
○ I disagree	
	reset
Under no circumstances will I allow another person to log into REDCap using my login credentials. I will never use someone else's login credentials to access REDCap.	
* must provide value	
I agree	
O I disagree	
	reset
I will not share Confidential Information with any third party unless clearly outlined in the IRB issued docket.	
* must provide value	
● I agree	
O I disagree	
	reset
I will promptly notify my supervisor and the Information Security Office if I observe or suspect any form of priva or security breach, including unauthorized access to Confidential Information.	асу
* must provide value	
○ I disagree	
	reset
I will promptly report the loss or theft of a portable device to the HelpDesk and Campus Security. * must provide value	
I agree	
○ I disagree	reset
Lacknowledge Lde not have comprehin rights to Confidential Information. It is my reasonability to follow the	
I acknowledge I do not have ownership rights to Confidential Information. It is my responsibility to follow the requirements outlined by the UMass Medical School (UMMS) IRB while the REDCap Project is active and until it archived.	is
* must provide value	
○ I disagree	
	reset







I will review all REDCap users associated with my projects every 30 days via the User Access Dashboard to en validity.	
* must provide value	
○ I agree	
O I disagree	
Does Not Apply	reset
I will notify the UMass Medical School (UMMS) REDCap System A changes including terminations and change of email address.	Administrator at <u>REDCap-Support</u> of personnel
* must provide value	
I agree	
O I disagree	reset
	1656
Please Sign	
* must provide value	
	signature 2021-04-15 1323.png (0.01 MB)
	ill Remove file
	m ivemove me
Outreit	
Submit	



