



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.

REDCap Access Request and User Agreement Form

This form must be completed by all new users requesting access to UMass Medical School's REDCap system. Please refrain from submitting requests for others as each user will be required to authenticate before accessing this system.

Once the request is submitted, please allow 3-5 business days for your account to be created. Contact [REDCap-Support](#) for any questions after the aforementioned provision time frame has passed.

REDCap Access Request Form

Name

* must provide value

John Smith

Full Name (First Name Last Name)

Email Address

* must provide value

John.Smith@YourInstitution.org

If you are affiliated with UMMS, you must use UMMS email addresses. Otherwise provide your work/institutional email address.

Are you affiliated to UMass Medical School (UMMS)?

* must provide value

☐ Yes

☒ No

[reset](#)

Please select your affiliation.

* must provide value

☐ UMass Memorial

☐ UMass Amherst

☐ UMass Boston

☐ UMass Lowell

☐ UMass Dartmouth

☐ UMass President's office

☒ Other Institution

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Are you collaborating with a UMass PI ?

* must provide value

☒ Yes

☐ No

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Study PI name:

* must provide value

Lawrence Rhein

Study PI Email Address:

* must provide value

Lawrence.rhein@umassmemorial.org

PI's department:

* must provide value

Pediatrics



Are you collecting PHI (or any of the 18 HIPPA identifiers) for research purposes?

☐ Yes
☒ No

* must provide value

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Each study group has a designated Study Administrator who is responsible for project design, managing team members, and communicating with REDCap System Administration. Are you taking on this role?

☐ Yes
☒ No

* must provide value

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Your REDCap Study Administrator's email address.

Heather.White@umassmed.edu

* must provide value

REDCap User Agreement Section

Your activities while using Protected Health Information are regulated by specific rules set forth in HIPAA - the Health Insurance Portability and Accountability Act, the violation of which can carry penalties in the millions of dollars. UMass Medical School (UMMS) also maintains highly sensitive Confidential Information which includes patients' behavioral health data, substance abuse data (covered by the Code of Federal Regulations - Title 42, Part 2), and genetic testing data (covered under GINA - the Genetic Information Nondiscrimination Act). Massachusetts has also set forth similar protections in its Massachusetts General Laws including 66A (FIPA - Fair Information Practices Act) and 93H (Security Breaches).

I understand REDCap may be used to collect PHI and PII. I acknowledge I play an important role in protecting this information. An unauthorized disclosure or breach of Confidential Information affects the the well-being of clients and patients and may be a basis for disciplinary action up to and including termination of employment or matriculation. I understand that it is my responsibility to follow the privacy and security policies and standards established by UMass Medical School (UMMS) or any other institution with which I am placed or with which I am engaged by contract through my work at UMass Medical School (UMMS).

* must provide value

☒ I agree
☐ I disagree

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I will not use, disclose, copy, or transmit any Confidential Information except as authorized as part of my duties and according to established REDCap standards.

* must provide value

☒ I agree
☐ I disagree

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I will use REDCap's Send-It, a secure data transfer application to transfer data to IRB approved parties.

* must provide value

☒ I agree
☐ I disagree

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
☐ I disagree

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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 agree
☐ I disagree

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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
☐ 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
☐ I disagree

[reset](#)

I will promptly notify my supervisor and the Information Security Office if I observe or suspect any form of privacy or security breach, including unauthorized access to Confidential Information.

* must provide value

- ☒ I agree
☐ 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](#)

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 is archived.

* must provide value

- ☒ I agree
☐ I disagree

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I will review all REDCap users associated with my projects every 30 days via the User Access Dashboard to ensure validity.

* must provide value

- ☐ I agree
☐ I disagree
☒ Does Not Apply

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I will notify the UMass Medical School (UMMS) REDCap System Administrator at [REDCap-Support](#) of personnel changes including terminations and change of email address.

* must provide value

- ☒ I agree
☐ I disagree

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Please Sign

* must provide value



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