

VA PITTSBURGH HEALTHCARE SYSTEM RESEARCH DATA USE AGREEMENT-DATA TRANSFER AGREEMENT (RDUА-DТА) [INCOMING]

I. PURPOSE OF THE AGREEMENT

This Research Data Use Agreement-Data Transfer Agreement (RDUА-DТА) establishes the terms and conditions under which a non-VAPHS VA facility will transfer and allow usage of VA data to the VA Pittsburgh Healthcare System (VAPHS).

II. SCOPE OF THE AGREEMENT

A. VAPHS Principal Investigator and Project Information

VAPHS shall be considered the Data Requesting/Receiving Facility. All subsequent references to "Data Requesting/Receiving Facility" reflect the details that are described in this Section, II.A.

1. VAPHS Principal Investigator

- (1) Name and Degree:
- (2) E-mail Address:
- (3) Mailing Address:

- (4) Phone Number:

2. VAPHS Project(s)

- (1) Title(s) of Project(s):

- (2) Study Identification Number(s):

3. VAPHS designated Point of Contact for performance of the terms of this RDUА-DТА

- (1) Technical Representative for VAPHS
 - i. Name:
 - ii. Position/Title: Chief Information Officer (CIO)
 - iii. Phone:
 - iv. Email:

B. Data Releasing Facility Information

All subsequent references to "Data Releasing Facility" reflect the details that are described in this Section, II.B.

1. Data Releasing Facility

(1) Facility Name:

(2) Address:

2. Releasing Facility Principal Investigator (if different from VAPHS PI)

(1) Name and Degree:

(2) E-mail Address:

(3) Mailing Address:

(4) Phone Number:

3. Releasing Facility designated Point of Contact for performance of the terms of this RDUA-DTA

(1) Technical Representative for Data Releasing Facility

i. Name:

ii. Position/Title: Chief Information Officer (CIO)/OI&T Representative

iii. Phone:

iv. Email:

C. Use of VA Data

1. The data described in this RDUA-DTA will be used solely for the purpose of conducting the VAPHS Research and Development (R&D) Committee approved research project(s) listed in Section II.A.2.

2. The overall objective of the project(s) is:

3. The anticipated duration of the project(s) is (i.e. 2 years):

D. VA Data Types to be transferred into VAPHS

(Please provide a description for all applicable data types.)

1. Human Data

Please describe the data to be transferred, including the number of subjects, whether the data is identifiable or de-identified, variables, descriptors, oversight committee applications and approvals, etc. Please include file types (excel, word, etc.), paper/hard copy, and portable electronic devices containing data. If human data is not being transferred, please type "N/A".

2. Animal Data

Please describe the data to be transferred, including the species and number of animals, variables, descriptors, oversight committee applications and approvals, etc. Please list the file types (excel, word, etc.), paper/hard copy, and portable electronic storage devices containing data. If animal data is not being transferred, please type "N/A".

3. Basic Science Data

Please describe the data to be transferred, including the variables, descriptors, oversight committee applications and approvals, etc. Please list the file types (excel, word, etc.), paper/hard copy, and portable electronic storage devices containing data. If basic science data is not being transferred, please type "N/A".

4. VA Identifiers

(Please check the box next to all VA identifiers that will be included in the data, or check the box next to "No VA Identifiers Included")

No VA Identifiers Included

Names or initials

E-mail addresses

All elements of dates (except year) associated with an individual & any age over 89.

Specify:

Telephone numbers

Fax numbers

Geographic subdivisions smaller than a state

Specify:

Social Security numbers (SSN) (full, fragments or scrambled SSNs)

Specify:

Medical record numbers

Health plan beneficiary numbers

Account numbers

Certificate or license numbers

Vehicle IDs and serial numbers including license plate numbers

Device identifiers and serial numbers

URLs (Universal Resource Locator)

IP addresses (Internet Protocol)

Biometric identifiers including finger and voice print

Full face photographic images and any comparable images

Other unique identifying number, characteristic, or code.

Specify:

E. Method of Transfer and Storage of Electronic VA Data

1. The technical representatives listed in Sections II.A.3 and II.B.3 will securely transfer the requested VA data and study files from the Data Releasing Facility to the VAPHS server where the data will be stored in a network folder only accessible by approved project staff.

(1) Releasing Server and Drive Information [specify the name of the drive, i.e. MySharedDriveName ([\\vapthshare](#)) (x:)]:

(2) VAPHS Server and Drive Information [specify the name of the drive, i.e. MySharedDriveName ([\\vapthshare](#)) (x:)]:

2. All work will be done inside the VA firewall.
3. Data will be stored in a network folder at VAPHS only accessible by approved project staff.

F. Method of Transfer and Storage of Physical VA Data

1. Describe how data will be transported. If transfer method is not applicable, type "N/A"

(1) Hardcopy/paper:

(2) Portable electronic storage device(s) containing VA data:

REMINDER: Such devices must be encrypted using FIPS 140-2 validated encryption. If such encryption is technically not possible, approval for use must have been obtained from the VAPHS ISO, CIO, and Deputy Assistant Secretary for VA's Office of Information Security.

2. Identify the physical location (including room and/or office number) where the data will be stored. If storage type is not applicable, type "N/A"

(1) Hardcopy/paper:

(2) Portable electronic storage device(s) containing VA data:

III. TERMS OF THE AGREEMENT

- A. This RDUА-DТА is by and between the VA PITTSBURGH HEALTH CARE SYSTEM (VAPHS) and the *Data Releasing Entity*, described in Section II.A, components of the U.S. Department of Veterans Affairs.
- B. This RDUА-DТА covers the transfer of VA data to the VAPHS from the *Data Releasing Entity* for the project(s) specified in Section II.B of this agreement. This RDUА-DТА supersedes any and all previous agreements.
- C. The terms of this RDUА-DТА can be changed only by a written modification of the agreement by the agency signatories (or their designated representatives) to this RDUА-DТА or by the parties adopting a new agreement in place of this RDUА-DТА.
- D. VAPHS PI Name, will be designated as Custodian of the VA data for the VAPHS and will be responsible for complying with all conditions of use and for establishment and maintenance of appropriate administrative, technical, and physical security arrangements as specified in the R&D Committee and applicable subcommittee(s) approved protocol(s) (listed in Section II.A) to prevent unauthorized use and disclosure of the VA data provided under this agreement.
- E. Handling of confidential and Privacy-protected data must comply with all applicable VHA Handbooks and Directive, and all local policies and procedures.
- F. The VAPHS shall not disclose, release, reveal, show, sell, rent, lease, loan, or otherwise grant access to the VA data covered by this RDUА-DТА to any person within or outside of the VA except as authorized by this RDUА-DТА, unless authorized in the protocol approved by the VAPHS R&D Committee and its applicable subcommittee(s).
- G. The parties listed in Section II.A and II.B mutually agree that any derivative data or file(s) that are created from the original VA data may be retained by the Custodian (see III.D.) until the project(s) specified in this RDUА-DТА has been completed. At the end of this period the agreement may be renewed if mutually acceptable to all parties.
- H. The VAPHS will provide appropriate administrative, technical, and physical safeguards to ensure the confidentiality and security of the data and to prevent unauthorized use or access to it. Data must be used, stored, and secured according to the requirements of the VHA series 1200 Handbooks, other applicable VA and VHA requirements, and as described in the approved research protocol(s).
- I. Any non-compliance with applicable VHA requirements, other applicable Federal regulations, or the research protocol as approved by the R&D Committee and applicable subcommittee(s), must be reported according to the facility's policies and procedures and by VHA requirements. It must also be reported to the investigator or VA employee who allowed the data to be transferred. If data are from a VA data repository, the data repository administrator or owner must notify the IRB(s) having oversight responsibilities for the repository in accordance with the repositories procedures.

- J. Any theft, loss or compromise of any device used to transport, access or store VA information, or of the theft, loss or compromise of any VA data must be reported in compliance with VAPHS R&D policies on reporting and research information security.
- K. No effort will be made to re-identify data that are de-identified. Scrambled social security numbers (SSNs) will not be unscrambled to reveal the real SSNs.
- L. All questions of interpretation or compliance with the terms of this RDUА-DТА should be referred to the VHA officials named in Section IV.

IV. SIGNATORIES OF THE AGREEMENT

On behalf of both parties the undersigned individuals hereby attest that they are authorized to enter into this agreement, and agree to all the terms specified in this RDUА-DТА.

Signatures and dates should be obtained chronologically starting with Section IV.A. The RDUА-DТА is considered executed upon the date of the last VAPHS signature.

A. Data Releasing Facility:

1. **Releasing Principal Investigator** (if different from the VAPHS PI)

Printed Name

Signature

Date: _____

2. **Releasing Facility Privacy Officer**

Printed Name

Signature

Date: _____

3. **Releasing Facility Information Security Officer**

Printed Name

Signature

Date: _____

4. **Releasing Facility Associate Chief of Staff for Research and Development**

Printed Name

Signature

Date: _____

B. Data Requesting/Receiving Facility: VAPHS

1. VAPHS Principal Investigator

Printed Name

Signature

Date: _____

2. VAPHS Privacy Officer

Please check one: Concur Do Not Concur*

**if you do not concur please communicate reasons to the VAPHS Principal Investigator*

Printed Name

Signature

Date: _____

3. VAPHS Information Security Officer

Please check one: Concur Do Not Concur*

**if you do not concur please communicate reasons to the VAPHS Principal Investigator*

Printed Name

Signature

Date: _____

4. VAPHS Associate Chief of Staff for Research and Development

Please check one: Concur Do Not Concur*

**if you do not concur please communicate reasons to the VAPHS Principal Investigator*

Signature

Steven H. Graham, MD, PhD

Associate Chief of Staff for Research and Development

VA Pittsburgh Healthcare System

Date: _____