

WSU/WSRI REDCap REQUIRED USER ATTESTATIONS

As Project Owner or Project Secondary Owner:

- I affirm that I and all requested project members have or will have completed all necessary training, including but not limited to the required Human Research Studies training (CITI) and HIPAA training, prior to data collection.
- I affirm that I have completed REDCap video training at www.project-redcap.org, including: Introductory Overviews, Basic Features and Functionality, and Project Types (this takes about 1 hour and 20 minutes). REDCap videos on Special Topics are also recommended but will not be necessary for the simpler projects.
- I affirm that I have or will have the appropriate IRB approval or exemption status for my project prior to data entry and will not use or disclose data except as described in the approved IRB application.
- I understand I am solely responsible for who has access to my data; therefore, I agree to monitor the activity and users who have access to my data, and I will promptly remove user rights for those who no longer need access or do not comply with applicable state and federal laws and regulations, Wright State University policies, and/or research standards.
- I agree to notify WSU/WSRI REDCap administrators when the study is completed or no longer needed in REDCap and will request the data destroyed or REDCap archived.
- If I leave the university, I agree to follow WSU procedures and policies concerning the REDCap projects and data.
- *If I am a user external to WSU, I understand I cannot be a Project Owner, but am permitted to be a Project Secondary Owner, if given those rights by the Project Owner.*

As Project Member:

- I affirm that I have completed all necessary training including but not limited to Human Research Studies training (CITI) (for IRB Studies) and required HIPAA training.
- I affirm that I have completed REDCap video training at www.project-redcap.org, including: Introductory Overviews, and Basic Features and Functionality (this takes about 1 hour).
- I agree not to use or disclose data except as described in the approved IRB application.
- I agree to follow all rules associated with the data and follow all procedures dictated by the Project Owner of the study.

All Users:

- I agree to comply with HIPAA, including safeguarding Protected Health Information (PHI) and using the minimum necessary PHI identifiers linked to sensitive data.
- I agree to safeguard my username, password, and data in compliance with university procedures and policies and with federal and state laws and regulations.
- I understand that my REDCap username and password will be deactivated when I leave the university.
- If I am an employee of Wright State University, I understand that noncompliance with applicable laws and regulations, Wright State University policies, and/or research standards will result in sanctions ranging from removal of REDCap user rights to termination of employment, depending upon the nature of the violation.
- As a non-WSU employee, I understand that my user rights to REDCap will be removed resulting from non-compliance with applicable laws and regulations, Wright State University policies, and/or research standards.
- I agree to notify the Wright State University Privacy Officer of any impermissible use or disclosure of PHI of which I become aware immediately upon discovery.

WSU employees, affiliated faculty, or students:



_____	_____	_____	_____ w _____
User Name Printed	User Signature	Date	WSU Identification Number

For Non-WSU employees, affiliated faculty, or students:

_____	_____	_____	_____
WSU Sponsor Name Printed	WSU Sponsor Signature	WSU Sponsor Email	Date