

Clemson University COVID-19 Data Use Assurance Form

This Data Use Agreement is designed to permit approved users access to COVID-19 data collected by Clemson University resulting from its strategic monitoring and operational support of COVID-19's impact on the University community and may be used only for the purpose of research. Your acceptance of this assurance certifies that you understand and agree to all applicable terms contained herein.

I understand that any effort to determine the identity of any individual, or to use the information for any purpose other than indicated above, is prohibited.

I will not use the Data Set to identify or directly contact any individual who is the subject of the information from which the Data Set was created, and I will make no attempt, without prior University approval, to learn the identity of any household, family, person, establishment or sampling unit included in this data.

I understand that only de-identified or anonymized data sets of individuals satisfying a given data query will be provided by this system.

I will not further disclose the data beyond the uses outlined in this Agreement and will not share the data with any person not associated with the research project for which I obtained access.

I will require everyone on my research team who utilizes the data to comply with this Agreement.

I will report to the COVID Research Compliance team, at COVID-Research@lists.clemson.edu, any use or disclosure of the data not provided for by this Agreement within 15 days of becoming aware of such use or disclosure.

I understand that any violation of this assurance may result in a disciplinary action by the University in consultation with the appropriate office(s).

I agree to restrict requested query topics and associated individual queries to legitimate research topics.

I declare that the requested information constitutes the minimum necessary data to accomplish the goals of the research.

I acknowledge the additional level of ethical sensitivity inherent in accessing data from the University and agree to exercise exemplary ethical conduct when so doing.

I have completed the required HIPAA and Information Security training provided by the University.

Name: _____ Date: _____

Signature: _____

Email signed form to COVID-Research@lists.clemson.edu
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