



OnCore User Agreement

As an OnCore user you may have access to private information, including protected health information (PHI). Before using this system, you must understand your responsibilities regarding confidentiality of private information.

An OnCore user is anyone who is granted access to the OnCore system with a user ID and password. Do not share your password with anyone, and when leaving your workstation, log out of OnCore or lock your computer.

As part of your duties, you may be required to collect information about a patient’s medical condition, history, medication, and/or family health. You agree to not release or discuss this information unless it is necessary to serve the patient, is required by law, or the patient has consented to such disclosure. All information captured, maintained, and/or utilized by this institution and any of its subsidiaries and affiliates can be accessed only by authorized users. The University of Arizona has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. Patient information is confidential regardless of how it is obtained, stored, utilized, or disclosed.

Every patient can expect that their privacy will be protected and that patient-specific information will be released only to persons authorized by law or the patient’s written consent. In an emergency, when requested by an institution or physician when treating a patient, the patient consent is not required, but the institution and the person requesting the information must be verified. This should be done as a call-back process (return contact and organization/person look-up to verify that they are representing themselves accurately).

Per the above requirements, OnCore users must complete [CITI Human Research](#) and [HIPAA](#) certifications and **ensure their renewal before or upon expiration**. As an OnCore user, you agree to these requirements, as well as any additional requirements specified by other University of Arizona departments, clinical partners, or research sponsors, and understand that failure to comply may result in revocation of OnCore user privileges.

Trainee Information			
Name:		Signature:	
Email:			
Phone:		Signature Date:	
<i>Please provide your training completion dates for the following prerequisites/co-requisites:</i>			
CITI:		HIPAA:	
Staff Role(s) (Check all that apply.)			
Clinical Research Coordinator	QA/QC – Internal Monitor	Banner Research Coordinator	
Research Data Coordinator	Research Pharmacist	Principal Investigator (PI)	
Regulatory Coordinator	Student – Regulatory Office	Management	
Research Nurse	Student – Clinical Office	Other (specify):	
UACC Trainees Only: Please indicate your Mgmt. Group:			
Supervisor Authorization (Required for all roles except Principal Investigator.)			
Supervisor Name:		Signature:	
Authorization Date:			

