

Harvard Pilgrim Health Care, Inc.
Privacy & Security Database
HPHC/HPHCI Agreements Cover Sheet

Project title	
Principal Investigator:	
IRBNet #	
Oracle/GMS (Project#):	
Name of HPHC Business Champion	
BC Department & telephone #:	
Agreement activation date:	
Risk score:	
** Relationship Manager:	

*****The person listed as Relationship Manager is responsible for the agreement. As Relationship Manager you will be asked to give quarterly updates as to the status of the agreement and you must notify OSP of any changes to the agreement, e.g., termination, change of Relationship Manager, etc.***

SUBMIT THIS COMPLETED FORM TO YOUR OSP GRANTS MANAGER

ADDENDUM TO THE HPHC DATA USE AGREEMENT
BY AND BETWEEN
HARVARD PILGRIM HEALTH CARE, INC. AND HARVARD PILGRIM HEALTH
CARE INSTITUTE, LLC

Date:

Principal Investigator:

Research Title:

IRBNet Number:

1. SUMMARY DESCRIPTION OF THE STUDY [Brief description of study and how data is to be used]

2. DESCRIPTION OF THE LIMITED DATA SET

A. Specific description of data, including specific data elements, size of dataset: [include number of members whose data will be used, etc.]

B. Date(s) or approximate date(s) of data release: [if multiple disclosures, the start and stop dates and frequency]

C. Inclusive term of date(s) of data to be released:

3. PERMITTED USES

Except as otherwise specified herein, Data Recipient may make all uses and disclosures of the Limited Data Set necessary to conduct the research project named above and described below, and for no other purpose. Only the principal investigator or designated individual(s) or classes of individuals listed below are permitted to use or receive the Limited Data Set. These individuals are responsible for using this information subject to the terms and conditions of this Agreement: [list designated individuals or classes]

4. PERMITTED SHARING

Data Recipient may only use the Limited Data Set for the research project described above, except as follows: