

# University of Miami Research Reporting System (RRS) Access Request Form

RRS access can be granted at the individual investigator level or the group level. All UM employees automatically inherit individual investigator access to RRS and can view his/her own sponsored activity without having to request access. To be granted group level access to RRS, you must be an authorized employee or associate of the University of Miami (UM), with a legitimate administrative role (e.g. Dean, Department Administrator, Center Director, etc.). Please complete the following RRS Access Request Form to request group/administrative access to sponsored programs activity for a certain organizational unit or membership group. A valid UM C# and personally identifiable email address ([jdoe@miami.edu](mailto:jdoe@miami.edu)) is required for requests to be processed. If you do not have a C#, you can create one at <http://myum.miami.edu>. Access requests are reviewed and verified by the Office of Vice Provost for Research. After review, a message is sent via email confirming the level of access that was granted. A new a user name/password will not be generated, all users logon to RRS with his/her MyUM credentials. For assistance please contact the Office of Research Administration Strategic Initiatives Unit at [StrategicInitiatives@med.miami.edu](mailto:StrategicInitiatives@med.miami.edu).

## Terms of Use

- I understand that in the course of my employment/assignment with The University of Miami and in the course of performing my work activities, I may come into possession of certain pieces of confidential information.
- I understand that such confidential information must be maintained in the strictest confidence per University and other applicable guidelines.
- I understand that all reports/information that I view will have my user ID associated, and will be tracked in the system.
- I understand that for my protection I will not give my password to anyone and I must request to have my password changed if I think it might be compromised.
- I understand and agree to abide by the terms of the University's Information Technology policies; including Computer Access and Confidentiality Use of Computing Facilities, World Wide Web, and Use of Electronic Communications (policies A045, A046, A047, and A053), which are available to me under the Information Technology Policies website ([http://www6.miami.edu/UMH/CDA/UMH\\_Main/0,1770,2620-1,4319-2,00.html](http://www6.miami.edu/UMH/CDA/UMH_Main/0,1770,2620-1,4319-2,00.html)).
- Should questions arise in the future about how to protect information to which I have access, I will immediately notify my supervisor or contact the Office of the Vice Provost for Research at 305-243-1790.
- I understand that violation of this agreement may result in disciplinary action in accordance with University policy.

First Name: <input type="text"/>	Middle Initial: <input type="text"/>	Last Name: <input type="text"/>
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\*If your name has changed, please provide your name as used by Human Resources at the University of Miami

C# (C+8 digit number): <input type="text"/>	E-mail: Enter UM e-mail address. Personal e-mail addresses are not accepted for UM employees. <input type="text"/>
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Organizational unit for which you are requesting sponsored programs data access (e.g., school, department, division, center, etc.): <input type="text"/>
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For special roles (e.g., access to Velos study data, access to Topaz animal orders, etc.) or custom groups (e.g., sponsored programs data for members of a certain center/program) please describe in detail the type of access that you are requesting: <input type="text"/>
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The University of Miami has developed policies and procedures for the use and disclosure of University patient health information in compliance with applicable state and federal laws, including the **Privacy** standard promulgated under the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**. If you have any questions contact the Office of Privacy and Security at **305-243-5000** or [hipaaprivacy@med.miami.edu](mailto:hipaaprivacy@med.miami.edu).

By signing this access request form, I understand and agree to maintain the confidentiality of patient health information and will refer all requests for disclosures to the Health Care Provider Medical Records Custodian or the hospitals' HIM departments. Furthermore, I understand that my unique username and password is not to be shared and/or made public and I will sign off the system before leaving the workstation.

Requestor Signature : _____	Date : _____
Supervisor Name : _____	Date : _____
Supervisor Signature : _____	

Complete and sign the RRS Access Request Form and email to: [StrategicInitiatives@med.miami.edu](mailto:StrategicInitiatives@med.miami.edu) (Office of Research Administration Strategic Initiatives Unit)