



**Winchester  
District  
Memorial  
Hospital**

## **Data Sharing Agreement**

This agreement is effective as of the date of signature of the last party to sign below. It is an agreement with the RECIPIENT INSTITUTION and PROVIDING INSTITUTION. The PROVIDING INSTITUTION grants the RECIPIENT INSTITUTION use of their Electronic Medical Record to access data for research-related purposes such as but not limited to the conduction of feasibility and clinical studies for the purpose of identifying cases to meet the eligibility criteria of the RECIPIENT INSTITUTION's study.

The RECIPIENT INSTITUTION will ensure all information remains confidential and is not used for any purpose other than the purpose(s) described in the Rural Research Network (RRN) Research Ethics Board (REB) Application Form. The RECIPIENT INSTITUTION shall not download, edit, save, store, photograph, record or print any of the confidential information disclosed in the Electronic Medical Record unless approved by REB. The RECIPIENT INSTITUTION shall not share any username or password to a third party. The RECIPIENT INSTITUTION shall disclose any breach of this information immediately to the PROVIDING INSTITUTION.

The RECIPIENT INSTITUTION must comply with all applicable provincial and federal laws, codes, regulations, and guidelines in terms of handling confidential data, protecting data, and the privacy of health information. The PROVIDING INSTITUTION has the right to conduct an audit to ensure compliance of this Data Sharing Agreement with the RECIPIENT INSTITUTION.

<b>PROVIDING INSTITUTION</b>	<b>RECIPIENT INSTITUTION</b>
<u>Winchester District Memorial Hospital</u> <i>NAME OF INSTITUTION</i>	_____ <i>NAME OF INSTITUTION</i>
<u>566 Louise Street, Winchester, ON K0C2K0</u> <i>ADDRESS</i>	_____ <i>ADDRESS</i>
_____ <i>SIGNATURE</i>	_____ <i>SIGNATURE</i>
_____ <i>NAME</i>	_____ <i>NAME</i>
_____ <i>DATE</i>	_____ <i>DATE</i>