**Code of Connection.**

This Code applies to all third parties that require access to personal and confidential information in GSTFT electronic medical health records systems.

**Responsibilities**

The research team will provide training and access to the relevant electronic health records system.

Only third parties who have signed this Code of Connection will have access to these systems.

Third party access to electronic health records is read-only access.

To be completed by the third party requiring access to electronic health records (i.e., Sponsor/Clinical Research Organisation/auditor/Regulatory Inspector)

Name of third party…………………………………………………

Research study title (if applicable)……………………………………………..

1. The above named third party agrees to comply with the GSTFT Code of Connection, GSTFT Information Security Policy and GSTFT Confidentiality policy which has been sent to the third party by the research team prior to the monitoring visit (where possible).

2. The above named third party must not make any changes to any patient records with in the electronic health records and must only access the records of patients recruited to the clinical trial they are responsible for monitoring/auditing or inspecting and declared on this agreement.

3. The sponsor understands that non-compliance with sections 1 and 2 of this Code of Connection may result in removal of access to electronic health records and the Trust.

4. A copy of the signed ‘Code of Connection’ needs to be retained by the research team in the site file or as per local SOP i.e. department monitoring log and retained for audit or inspection purposes.

5. The third party understands that their access to the electronic health records and source data may be monitored and audited.

6. Where remote access is required the third party will not record, save or take images of electronic health records or study documentation viewed on shared screens.

7. The Third party will ensure that when conferencing/screen sharing they will be in a private location where no other individual can see their screen.

Name:……………………………………………….. (on behalf of the third party)

Job Title:…………………………………………….

Signature:…………………………………………… Date:…………………….