



## ATTESTATION OF HONEST BROKER RESPONSIBILITIES

### By signing below I agree/certify that:

1. My Honest Broker team members have completed the required training, and are knowledgeable of and will comply with the federal human subjects research regulations known as the Common Rule (if applicable), the HIPAA regulations, and the UNMC/Nebraska Medicine policies covering use and disclosure of PHI for research and performance improvement purposes.
2. I have reviewed this Honest Broker application in its entirety and I am fully aware of and in agreement with all submitted statements.
3. I will ensure that the Honest Broker processes described in the application will be implemented in strict accordance with the application.
4. I will request and obtain approval for any proposed modifications to this application prior to implementing such modifications.
5. I and my Honest Broker staff will, under no circumstances, provide researchers with information that would permit re-identification of de-identified medical information or Limited Data Sets, unless proper patient authorization or waiver of authorization (if permissible) is obtained.
6. I and my Honest Broker staff will not intervene or interact with patients in the conduct of Honest Broker functions.

Honest Broker Team Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Honest Broker Process Application Approved:***

Privacy Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Vice Chancellor, Clinical Research: \_\_\_\_\_ Date: \_\_\_\_\_

Chief, Quality/Outcomes Officer: \_\_\_\_\_ Date: \_\_\_\_\_