



Attestation - Student Epic Access for Research Purposes

Student Name: _____

Student ID Number: _____

Unique Study ID: _____

Department: _____

Research Project Title: _____

Student Responsibilities

- I commit to reviewing and adhering strictly to relevant Wellstar privacy and security policies (i.e., PS-81, PS-88, PS-91, PS-104, and PS-SP-501) when accessing and using the electronic medical record (EMR) system.
- I understand and will comply with all applicable State and Federal privacy regulations, including the Health Insurance Portability and Accountability Act (HIPAA), the minimum necessary standard, and other relevant laws.
- I have completed the required HIPAA Privacy Training and understand my responsibilities regarding the protection of PHI.
- I will ensure that any access to patient information is conducted responsibly and only for legitimate purposes as specified in my access request.
- I will not disclose PHI to unauthorized individuals and will follow all guidelines for securing patient information.
- I understand that if denied, I may not use my existing Epic access to conduct scholarly inquiry until an approval is granted.
- I understand that any breach of these policies may result in disciplinary actions, including but not limited to EPIC access suspension and/or MCG Program-related sanctions.

Mentor Responsibilities

- I will appropriately govern the student's access to patient information in accordance with the organization's privacy and security policies.
- I will ensure accurate representation of the student's access needs, ensuring they have the appropriate level of access required for their educational activities.
- I will provide guidance and oversight to the student to ensure compliance with all privacy and security regulations.
- I understand that any failure to adequately supervise the student's access may result in disciplinary actions, including but not limited to a formal review and/or possible suspension of mentorship duties.

Student Signature: _____

Date: _____

Mentor Name (print): _____

Mentor Signature: _____

Date: _____

Wellstar Compliance Use Only

Approved Denied Comments: _____

Reviewed by: _____