

# My Credentialing Applications

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**Application Date: Oct. 1, 2021**

[Training Completion Report](#) 

User: [REDACTED]

My first (given) name(s): [REDACTED]

My last (family) name(s): [REDACTED]

Suffix (e.g., Jr.), if applicable:

PhysioNet e-mail: [REDACTED]

Researcher's Category: [REDACTED]

Organization Name: [REDACTED]

Job title or position: [REDACTED]

City: [REDACTED]

State/Province: [REDACTED]

ZIP/postal code: [REDACTED]

Country: [REDACTED]

Webpage:

Reference Category: [REDACTED]

Reference's Name: [REDACTED]

Reference's Email: [REDACTED]

Reference's Organization: [REDACTED]

Reference's job title or position: [REDACTED]

Research Topic: [REDACTED]

Date of this agreement: Oct. 1, 2021, 2:20 p.m.

Decision Date: Oct. 4, 2021

Decision: Accept

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# PhysioNet Credentialed Health Data Use Agreement 1.5.0

## Data Use Agreement for the MIMIC-III Clinical Database (v1.4)

If I am granted access to the database:

1. I will not attempt to identify any individual or institution referenced in PhysioNet restricted data.
2. I will exercise all reasonable and prudent care to avoid disclosure of the identity of any individual or institution referenced in PhysioNet restricted data in any publication or other communication.
3. I will not share access to PhysioNet restricted data with anyone else.
4. I will exercise all reasonable and prudent care to maintain the physical and electronic security of PhysioNet restricted data.
5. If I find information within PhysioNet restricted data that I believe might permit identification of any individual or institution, I will report the location of this information promptly by email to [PHI-report@physionet.org](mailto:PHI-report@physionet.org), citing the location of the specific information in question.
6. I have requested access to PhysioNet restricted data for the sole purpose of lawful use in scientific research, and I will use my privilege of access, if it is granted, for this purpose and no other.
7. I have completed a training program in human research subject protections and HIPAA regulations, and I am submitting proof of having done so.
8. I will indicate the general purpose for which I intend to use the database in my application.
9. If I openly disseminate my results, I will also contribute the code used to produce those results to a repository that is open to the research community.
10. This agreement may be terminated by either party at any time, but my obligations with respect to PhysioNet data shall continue after termination.

SIGNED: 

DATED: Oct. 7, 2021