WVU Medicine
THOMAS HOSPITALS

CLINICAL RESEARCH INTERN CONFIDENTIALITY AND ACCESS AGREEEMENT

As a Clinical Research Intern, who has been approved to participate in research activities at WVU Medicine Thomas Hospitals, I understand and agree to adhere to the following conditions throughout my internship:

1. **Authorized Access Only**
    a. I will access patient records, electronic medical records (EMR), and clinical research files only from WVU Medicine Thomas Hospitals facilities and only through institution-approved devices and locations.
2. **Access During Approved Hours**
    a. I will access clinical research materials or systems only during approved business hours and only when scheduled or authorized by my supervisor or sponsoring physician.
3. **No Removal of Materials or Devices**
    a. I will not download, print, copy, photograph or otherwise remove any research-related documents, materials, or devices from hospital premises under any circumstances.
4. **Project-Specific Participation**
    a. I will participate only in activities and access files directly related to the specific physician-sponsored research project for which I have been approved. I will not access or participate in any other research projects or data without prior written authorization.

I understand that any violation of this agreement may result in termination of my internship and may lead to further disciplinary action in accordance with hospital policy and applicable regulations.

_____	_____
Intern Signature	Supervisor Signature
_____	_____
Intern Name (Printed)	Supervisor Name (Printed)
_____	_____
Date	Date