Privacy Policy
Clinical Connect may not be used as a source for patient research participant data. For example, if the coordinator for the research study is also a clinical nurse/respiratory therapist treating the patient clinically and has access to clinical connect to see patient data, they cannot access Clinical Connect for research related data.

Informed Consent Form (not applicable to studies reviewed by OCREB)

If applicable, the following paragraph should be added to the confidentiality section:

“If you are admitted to another hospital for any reason or die from natural or other causes while participating in this study, your medical records will be requested in order to collect information relevant to your study participation. By signing this consent form, you are allowing such access.”

For interventional clinical trials being conducted at Hamilton Health Sciences that will be using the EPIC Electronic Health Record, the following text must be added into the Informed Consent:

Your participation in this study will be recorded in your electronic health record (EHR), also called a medical record, at Hamilton Health Sciences. If you participate, some of the information about you that is collected for this study, including the results of tests described in this consent form, will be stored in your EHR and accessible to others working at this hospital (like your current and future health care provider(s)). This hospital may share patient information stored in its EHR with other hospitals and healthcare providers in Ontario. In addition, any person or company to whom you give access to your medical record may have access to this information. The study team can tell you what information about you will be stored electronically, and what may be shared outside of this hospital.
**Cross-Appointed Researchers**

For researchers sharing cross-appointments at more than one institution (e.g., Hamilton Health Sciences Corporation, St. Joseph’s Healthcare Hamilton and/or McMaster University), you must use the credentials for the institution where the research is being conducted.

For example, if the researcher is cross-appointed between Hamilton Health Sciences Corporation (HHS) and McMaster University, and the research will be conducted (e.g., participants recruited and/or intervention administered) at HHS, the researcher’s organization and the institutional representatives must be those associated with HHS.

**Reminder: Institutional Research Administration Requirements**

The CTO Streamlined System provides a streamlined approach to research ethics review. Each participating site must also ensure that all necessary institutional authorizations and contracts/agreements are in place prior to beginning the research.

**CTO Stream**

The following collaborators must be given a role on all Provincial Initial Application (PIA) forms and Centre Initial Application (CIA) forms:

- **Name:** Katie Porter  
  **Email:** porterk@hhsc.ca  
  **Role:** Institutional Representative

- **Name:** Jillian Wicken  
  **Email:** wickenji@hhsc.ca  
  **Role:** Institution Admin

- **Name:** Sasha Eskandarian  
  **Email:** eskandars@hhsc.ca  
  **Role:** Institution Admin

- **Name:** Vanessa Manning  
  **Email:** manningv@hhsc.ca  
  **Role:** Institution Admin

This access is automatically granted when the Centre Initial Application is created. **When HHS is the Provincial Applicant site the research team should immediately create the CIA for the participating HHS site(s) (right after creating the PIA).** This will ensure that access is automatically granted as required above, otherwise the research team will need to manually add these roles to the PIA prior to submission.

**Institution Representative in application forms**

The Primary Institution Representative must be indicated as follows in the applications within CTO Stream:

- **Title:** Ms.  
- **First Name:** Katie  
- **Surname:** Porter  
- **Organization:** Hamilton Health Sciences Corporation  
- **Address:** 120 – 293 Wellington Street North  
- **City:** Hamilton  
- **Province/State:** ON  
- **Postcode/Zip:** L8L 8E7  
- **Telephone:** 905-521-2100 ext 74559  
- **Fax:** (blank)
The Secondary Institution Representative field should be left blank.