

Subscriber Self-Audit

CancerLinQ Subscribing Practices are required to complete annual self-audits. The practice's Primary Account User or designee should complete the information below and submit to XXXX.

Primary Account User Contact Information

Name Title at Subscribing Practice

Phone number Email address

Practice Information

Practice Name Street Address City
State Zip Code Country

Additional notes about your practice, if applicable.

Self-Audit Questions

Has anyone at the CancerLinQ participating practice attempted to export raw data from CancerLinQ? (This does not include printing CancerLinQ reports)

Yes (explain below) No

Has anyone at the CancerLinQ participating practice attempted to compare or match de-identified data within CancerLinQ to any other data set (public or private)?

Yes (explain below) No

Has anyone at the CancerLinQ participating practice attempted to discover, alter source code, or reverse-engineer CancerLinQ in any way?

Yes (explain below) No

Has anyone at the CancerLinQ participating practice attempted to re-identify any anonymous patients in CancerLinQ?

Yes (explain below) No

Have any users within the CancerLinQ participating practice shared CancerLinQ login credentials?

Yes (explain below) No

Please describe the CancerLinQ participating practice's use of CancerLinQ data and logos in advertisements for the practice, if applicable.

Has anyone at the CancerLinQ participating practice submitted any requests for CancerLinQ data?

Yes (explain below) No

Has anyone at the CancerLinQ participating practice obtained IRB approval for a research project involving CancerLinQ data?

Yes (explain below) No

Has the CancerLinQ participating practice opted out all patients who have requested it??

Yes No (explain below)

Has the CancerLinQ participating practice provided notification to all patients regarding participation in CancerLinQ?

Yes No (explain below)

Explanations to questions above (where indicated)

Please indicate all methods by which the CancerLinQ participating practice provides CancerLinQ notification to patients:

Brochure (provided by CancerLinQ)

Other patient materials (developed by your practice)

Sign indicating participation in CancerLinQ in your waiting room or examination rooms

Notification on your practice's website

Informed consent as required by your practice

Verbally by a member of the practice staff

With other quality improvement initiative information provided to patients

Other (please describe)

I certify that the CancerLinQ participating practice has not committed other acts of misuse as prohibited by CancerLinQ Subscriber Policies, Terms of Use, Participation Agreement, or any other applicable policy or agreement.

Yes No

With my signature below, I certify that all practices listed on this form are in compliance with CancerLinQ Subscriber Policies, Participation Agreements, and related policies.

Date