

UF Research
Office of the Vice President for Research

223 Grinter Hall
PO Box 115500
Gainesville, FL 32611-0000
352-392-9271

March 11, 2022

Dr. Kent Fuchs, President
University of Florida
226 Tigert Hall
Gainesville, FL 32611

Dear President Fuchs:

On December 9, 2021, the Office of the Vice President for Research, together with the Office of Compliance and Ethics, initiated a formal investigation into statements relating to the handling of COVID-19 research data at UF, as reported in “Report of the Faculty Senate Ad Hoc Committee on Academic Freedom,” released on December 6, 2021. The investigation was conducted pursuant to the University’s procedures detailed in UF Regulation 1.0101 and its associated Research Integrity Policy.

An Investigation Committee comprised of UF faculty members was impaneled and charged with conducting fact-finding regarding the statements in relation to COVID-19 research efforts. In particular, the committee’s charge was to determine if, in relation to COVID-19 research efforts at UF, there were external pressures to destroy or impede access to research data, or barriers put in place to impede the analysis or publication of research data.

Upon completing its investigation, the committee found no merit to the allegations regarding the handling of COVID-19 data at UF. The Investigation Report is attached and summarized below.

After numerous interviews and reviews of the Faculty Senate Ad Hoc Committee report and other materials, the committee believes that the allegation stems from a single event in October 2020 in which a Florida Department of Health (FDOH) representative expressed concerns regarding UF’s use and management of FDOH data that was gathered exclusively for use in FDOH public health surveillance (PHS) activities.

In the summer of 2020, the FDOH, in an effort to enhance its capacity to carry out contact tracing for individuals testing positive for COVID-19, hired several UF employees with public health expertise to assist in public health surveillance which included collecting and having access to FDOH data. As part of this FDOH appointment, these UF employees were required to execute a Confidentiality Pledge agreement to follow FDOH rules regarding the handling of COVID-19 data and an affirmation not to release COVID-19 data collected or provided by FDOH, a practice consistent with handling FDOH data for other infectious diseases. In general, PHS data cannot be used for research without additional regulatory and sponsor approvals.

Letter to Dr. Kent Fuchs, President
March 11, 2022
Page 2

In October 2020, some UF employees who held FDOH employee appointments participated in a meeting that included FDOH representatives. During the meeting, the UF employees shared FDOH data with the individuals attending the meeting. Thereafter, concerns were raised by FDOH as to whether the UF employees were using the FDOH data in a manner that was outside the scope of the agreements signed by these individuals. These UF employees did not have the authority to share the data or use them for research purposes. In response, the UF team was reminded by university administrators to be cognizant of the boundaries and restrictions related to the use and collection of FDOH data. As such, the matter was quickly resolved, and the collaborative efforts between FDOH and UF continued.

Throughout the pandemic, UF faculty have published numerous research articles related to COVID-19 and continue to conduct impactful research in this and other public health arenas. The FDOH remains an important partner for UF in our common mission to advance the health and well-being of citizens within the state of Florida.

Please feel free to reach out if additional clarifications are needed.

Sincerely,

A handwritten signature in dark ink, appearing to read 'David P. Norton', with a long horizontal flourish extending to the right.

David P. Norton, PhD
Vice President for Research

A handwritten signature in blue ink, appearing to read 'Terra DuBois', with a stylized, cursive script.

Terra DuBois, JD
Chief Compliance, Ethics, and Privacy Officer

Report on Handling of COVID-19 Data at UF

To: David Norton, Ph.D., Vice President for Research
Terra Dubois, JD, Chief Compliance and Ethics Officer

From: Adegbola Adesogan, Ph.D., Department of Animal Sciences, Institute of Food and
Agricultural Sciences
Michele Manuel, Ph.D., Department of Materials Science and Engineering, College
of Engineering
Richard A. Yost, Ph.D., Department of Chemistry, College of Liberal Arts and
Sciences

Date: March 9, 2022

TABLE OF CONTENTS

- I. Executive Summary
- II. Applicable Policies
- III. Charge to Investigation Committee
- IV. Allegations and Relevant Facts
- V. Analysis
- VI. Conclusion
- VII. Attachments
 - A. Committee Signed Charge Letters
 - B. FDOH Confidentiality Pledge for COVID-19 Data
 - C. FDOH Confidentiality Pledge for Tuberculosis Data
 - D. Screenshot of FDOH website
 - E. Template FDOH Data Use Agreement
 - F. October 1, 2020 Email from FDOH General Counsel to UF General Counsel
 - G. October 2, 2020 Email from FDOH General Counsel to UF General Counsel

I. Executive Summary

On December 10, 2021, in an email addressed to University of Florida (UF) faculty and staff entitled “Investigation into Alleged Destruction of COVID-19 Research Data,” the UF Vice President for Research, David Norton, Ph.D., announced the initiation of a formal investigation into statements relating to the handling of COVID-19 research data at UF, as reported in “Report of the Faculty Senate Ad Hoc Committee on Academic Freedom,” released on December 6, 2021.¹ An Investigation Committee was impaneled on December 16, 2021, and charged with conducting fact-finding regarding the statements in relation to COVID-19 research efforts. The committee formally interviewed the six ad hoc committee report authors and eight other individuals. The committee also reviewed pertinent documents and materials related to its charge. Upon completing its investigation, the committee found no merit to the allegations regarding the handling of COVID-19 data at UF.

II. Applicable Policies

The statements relating to the handling of COVID-19 research data at UF are subject to UF Regulation 1.0101, Research Integrity and its associated Research Integrity Policy.

III. Charge to Investigation Committee

The purpose of this committee’s investigation is to determine if, in relation to COVID-19 research efforts at UF, there were:

1. External pressures to destroy de-identified data; or
2. Barriers to accessing and analyzing de-identified data in a timely manner; or
3. Barriers to the publication of scientific research; or
4. Inconsistencies in procedures compared to prior UF/ Florida state agency partnerships related to
 - a. access to de-identified data;
 - b. disposition of de-identified data;
 - c. destruction of de-identified data; or
 - d. publication of de-identified data.²

The entire charge can be found in the committee charge letters (Attachment A).

¹ Report of the Faculty Senate Ad Hoc Committee on Academic Freedom. <https://fora.aa.ufl.edu/docs/78///2021-2022//FacultySenateAdHocAcademicFreedomCommReportandErrataSheet.pdf>.

² See the Executive Summary, page 1, and Section 2.1 Incidents Reported to the ad hoc committee, page 19, of the Faculty Senate Ad Hoc Committee report.

IV. Allegations and Relevant Facts

In November 2021, the UF Faculty Senate impaneled an Ad Hoc Committee on Academic Freedom. David Bloom, Ph.D., Faculty Senate Chair, charged the Faculty Senate Ad Hoc Committee (FSAHC) to:

“...gather information and report back to the Faculty Senate on UF practices that reportedly have restricted the ability of UF faculty to engage in outside activities that are normally accepted as appropriate scholarly activities of university faculty. This includes, but is not limited to, expert witness engagement, writing of op-ed pieces, and consulting.”³

According to Bloom and the FSAHC members, announcements were sent to various faculty groups to request input for their report as part of this effort. The FSAHC received information on various topics, including alleged barriers to faculty research and publication, restrictions related to participating in outside activities, and pressure to alter syllabi and course content.

According to FSAHC member Sarah Lynne, Ph.D., who self-identified as the recipient of the concerns relating to the handling of COVID-19 data in her interview, was responsible for writing the sections pertaining to COVID-19 research that appear in the Executive Summary and Section 2.1 of the FSAHC report. The sections that include the allegations relevant to this investigation are quoted below:

“Some examples of challenges reported to the ad hoc committee include external pressure to destroy de-identified data, barriers to accessing and analyzing de-identified data in a timely manner, and barriers to publication of scientific research which, taken together, inhibited the ability of faculty to contribute scientific findings during a world-wide pandemic.”⁴

“In partnerships between the University of Florida and a State of Florida government entity, there are reported inconsistencies in procedures related to access to de-identified data, disposition of de-identified data, destruction of de-identified data, and publication of de-identified data, specifically related to Covid-19 compared to prior partnerships. One illustrative example relates to reports that the government entity created barriers to and delayed publication of Covid-19 data which were collected collaboratively.”⁵

During the interview with Lynne, the committee learned that person(s) raised these concerns and that the concerns were localized to one college at UF. However, neither Lynne nor any other member of the FSAHC was willing to reveal the source(s) of the allegations in order to adhere to their commitment to keeping all reports and allegations brought to them confidential. The committee could not identify the person(s) who made the allegations to Lynne during its investigation.

³ See section “Charge”, page 2 of the Faculty Senate Ad Hoc Committee report.

⁴ See section “Executive Summary”, page 1 of the Faculty Senate Ad Hoc Committee report.

⁵ See section “Incidents Reported to the ad hoc committee” 2.1(a), page 19 of the Faculty Senate Ad Hoc Committee report.

Based on interviews with FSAHC members, the committee reached out to other individuals that may have known about the anonymous allegations.

COVID-19 Data Collection at UF

The STP program was part of the initial response to COVID-19 that performed testing and contact tracing and involved a collaborative relationship with the Florida Department of Health (FDOH). Michael Lauzardo, MD, M.Sc., Director of UF Health's Screen, Test & Protect Program (STP), was interviewed. In his interview, Lauzardo reported that since COVID-19 is a reportable disease (i.e., a condition for which health care providers must report cases to the local health department), contact tracing had to be performed under the authority and direction of the FDOH. The committee also interviewed Amy Hass, J.D., UF General Counsel, who confirmed that contact tracing is exclusive to the FDOH and no other parties are allowed to conduct contact tracing on FDOH's behalf without FDOH's written authority. According to Lauzardo and Hass, in summer 2020, FDOH hired several UF employees with public health expertise as FDOH Other Personal Services (OPS) employees. In their FDOH role, these employees collected COVID-19 contact tracing data, a public health surveillance (PHS) activity. These FDOH employees included members of the STP team (UF disease investigators) and UF employees who worked at Clinical and Translational Science Informatics and Technology (CTS-IT). Members of CTS-IT were responsible for maintaining the UF data system (REDCap) utilized by these dual appointees for collecting FDOH contact tracing data through UF's STP program. FDOH data collected in REDCap were regularly fed into FDOH's data collection system, Merlin.

According to Christopher Barnes, Director of CTS-IT, the onboarding process to become an FDOH OPS agent involved fingerprinting, a background check, and signing an agreement. Part of the agreement included a COVID-19 Confidentiality Pledge agreement to follow FDOH rules regarding the handling of COVID-19 data and an affirmation not to release COVID-19 data collected or provided by FDOH. The pledge is located in Attachment B and partially quoted here:

"I therefore agree to protect all data and all other information I receive in this role in accordance with the following requirements:

1. I will avoid any action that will provide data to any unauthorized individual or agency. I will not make copies of any records or data except as specifically authorized.
2. I will not remove or transfer data or information from my place of employment except as authorized in the performance of my duties to provide that data to the Department of Health or other authorized person or entity under section 381.0031, Florida Statutes.
- ...
4. I will use data only for purposes for which I am specifically authorized, pursuant to my role during the COVID-19 response.
- ...
7. I will not discuss my work on behalf of the Department with anyone that is not authorized to receive that information."

The committee notes that the confidentiality pledge for COVID-19 data is substantially similar to the confidentiality pledge for tuberculosis data in an unrelated proposed data use agreement (DUA) between the FDOH and UF (Attachment C).

Through interviews, the committee found that accessing FDOH data for research purposes is distinct from collecting data as part of an FDOH public health surveillance (PHS) effort. Generally, if data are collected under the auspices of PHS, the ability to take the PHS data and use them for another purpose such as UF research requires some regulatory steps, such as review by the Institutional Review Board (IRB). The committee believes that given the different standards for using PHS data versus UF research data, those unfamiliar with the restrictions related to FDOH PHS data may have perceived the restrictions as “barriers.” The committee notes that several of those interviewed explained that these restrictions are in place due to the highly personal and sensitive nature of PHS data.

According to the FDOH website, those wishing to access FDOH data, including COVID-19 data, for research purposes must apply for a DUA through FDOH, a standard procedure for all researchers (Attachment D). The template FDOH DUA on the FDOH website contains a section on data destruction as standard data disposition (Attachment E). According to Lauzardo and a UF record search, at present, there is no DUA in place at UF for the use of FDOH COVID-19 data for research purposes. Jerne Shapiro, MPH, the lead epidemiologist who oversaw the UF STP team and who concurrently held an FDOH appointment, confirmed to the committee that all data that were collected and entered into REDCap by the STP team were FDOH PHS data, not UF research data. These data were collected by UF employees working as FDOH OPS employees, and the data were only collected while working in their FDOH capacity. Barnes corroborated that all projects related to the FDOH COVID-19 data were FDOH PHS projects, not UF research projects.

In addition, Lauzardo noted that the PHS data were identified instead of de-identified (i.e., stripped of any identifying information) as indicated in the FSAHC report. According to Lauzardo, to perform contact tracing, STP collected COVID-19 data that ultimately belonged to the FDOH. UF employees who had access to these data could utilize and add to them only in their roles as FDOH OPS employees. Any other use of the data would violate the terms of their FDOH employment.

Alleged Pressure to Destroy Data

The FSAHC was unwilling to identify the person(s) who made the allegations. As such, the committee could not identify the person(s) who made the original allegations related to the handling of COVID-19 data. Given this, the committee cannot confirm the specific instance of alleged external pressure to destroy data. However, after numerous interviews and reviews of the FSAHC report and other materials, the committee believes that the allegation refers to an event in October 2020 explained below:

Following the summer 2020 appointment of some UF employees as FDOH OPS employees for the purpose of COVID-19 PHS activity, a Zoom call was held on October 1, 2020, with Lauzardo, members of the Centers for Disease Control (CDC), and members of the state-level FDOH office. The purpose of the call was to discuss sharing the jointly collected COVID-19 data and how to publish findings and information based on the data. Lauzardo recalled that, during the virtual

meeting, upon seeing a data dashboard displayed on a screen, one of the FDOH employees stated that the data belonged to FDOH, and UF did not have the authority to have or share them. Later that same day, FDOH, through its General Counsel, contacted Hass by email to make her aware that UF employees were using FDOH data without the required authorizations.

Hass provided the email she received from Louise St. Laurent, J.D., FDOH General Counsel, to the committee. The email is located in Attachment F and is partially quoted below:

“I learned that our Deputy Secretary for Health and State Epidemiologist were on a Zoom call with UF and the CDC today and we found that UF is apparently using information the hired DOH OPS employees who are affiliated with the University are placing into a separate UF system without any authorization from the Department of Health to do so; creating a separate database belonging exclusively to UF that houses confidential Department of Health data. I believe, from the few emails I have seen, this is called RedCap.

I am highly concerned and wanted to reach out to remedy this immediately. I can say that all OPS employees were instructed to sign a confidentiality agreement and, as a result, we are proceeding with dismissal of all of the OPS employees affiliated with UF for the purpose of contact tracing. I may also have to refer this to the Department’s IG for review. I would like to discuss how best to ensure that the confidential DOH data taken and used by UF is destroyed.”

Lauzardo stated that he was contacted by Hass, who advised him to stop using FDOH data immediately. Lauzardo communicated this to his team, including Shapiro, STP disease investigators, and CTS-IT. Shapiro and Barnes corroborated to the committee that all work halted, and Barnes removed investigator access to the data. The next day, October 2, 2020, Hass received a follow-up email from FDOH General Counsel that allowed FDOH contact tracing work at UF to resume (Attachment G). This work resumption included restoring access to FDOH data collection and storage in REDCap for the FDOH OPS employees.

It appears to the committee that the FDOH’s concern was whether UF had appropriate authorization to have and use these FDOH data and whether the sharing of these data via Zoom with an external party was a violation of the COVID-19 Confidentiality Pledge. Ultimately, the FDOH OPS contracts were not terminated, and it is the committee’s understanding that the matter was resolved.

Regarding the reference to the destruction of data in the FDOH email, Hass stated that this is common legal phrasing. The standard way to address data held in the custody of an unauthorized custodian is to request its return to the proper owner and request the destruction of any remaining unauthorized copies stored locally. However, the STP program resumed work, and according to Lauzardo, Shapiro, and Barnes, no data were destroyed. Lynne also confirmed in her interview that she received no reports that data were destroyed. Of note, at no point was any UF employee instructed or asked to destroy UF data since all data in question belonged to the FDOH.

Following the brief work stoppage, Hass reminded those UF employees who held FDOH OPS appointments that their access to FDOH COVID-19 data was allowed as part of their FDOH OPS role, and that role was limited to PHS activity. UF did not have the authority to share the data or use them for research purposes. Shapiro acknowledged that the team had to be cognizant of the boundaries and restrictions related to the use and collection of FDOH data throughout the STP initiative.

It is important to note that the STP program was an innovative collaboration with the FDOH that had not existed in the past. According to David Nelson M.D., President of UF Health, when COVID-19 hit, UF had a lot of infrastructure for working with FDOH datasets. FDOH could not scale up at the time, but UF had its existing workforce that it could offer. This was a unique opportunity for people engaged in public health to work together. Hass also noted that she is not sure there is a comparator for this situation. There would have to be a situation similar enough to COVID-19, such as another pandemic, to evaluate whether it was treated differently.

Alleged Barriers to Publication

Lauzardo was unaware of any special process requiring principal investigators with state funding to obtain approval from the state or UF authorities to publish COVID-19 data. According to Nelson, there is no internal mechanism in the College of Medicine that determines or reviews publication that would present a barrier to publication. In general, in the committee's experience and verified by staff within UF Research, any agreement with a sponsor or owner of data may contain publication requirements. The committee saw no evidence that a barrier to the publication of COVID-19 data existed other than the normal requirement to share data and findings with a project sponsor. The committee notes that UF faculty have published numerous articles relating to COVID-19.

V. Analysis

The committee learned that several UF employees were appointed as FDOH OPS employees and were granted access to FDOH COVID-19 data for PHS purposes. They did not have access to FDOH COVID-19 data for research or any other purposes in their role as UF employees. The committee became aware of one instance that UF employees may have interpreted as external pressure from FDOH to destroy data. However, as explained in Section IV: Alleged Pressure to Destroy Data, this instance concerned FDOH-owned identified data (i.e., containing confidential, protected health information, neither de-identified data nor UF-owned data). The instance was born out of concern that proper authorization to access, house, or publish this data had not been obtained and that a violation of an FDOH confidentiality agreement had occurred. The matter was resolved promptly, and no data were destroyed.

According to UF employees with FDOH OPS appointments, there was no barrier to accessing the identified FDOH data. The Alachua County Health Department provided full access for those appointed as FDOH OPS employees. Regarding alleged barriers to publication of scientific research, the committee found no evidence of this and further notes that UF faculty have published numerous articles relating to COVID-19.

Regarding inconsistencies in procedures compared to prior UF/Florida state agency partnerships related to the access, disposition, destruction, or publication of de-identified COVID-19 data, the committee notes the following key points:

- 1) access to de-identified FDOH COVID-19 data for research purposes is facilitated through the same mechanism as access to other FDOH data, as described on the FDOH website;
- 2) UF has not applied for access to de-identified FDOH COVID-19 data through this mechanism; and
- 3) if the inconsistencies in procedures reported relate to the instance relayed above, there is no previous collaboration with the FDOH that correlates to the STP program in conjunction with a pandemic on the scale of COVID-19, which would provide a comparable means of evaluation.

VI. Conclusions

The committee concludes that there is no merit to the allegations regarding the handling of COVID-19 data at UF as presented in the FSAHC report. The committee also concludes that, while there can be barriers to accessing FDOH data, those barriers are inherent in handling sensitive PHS data and are not unique to COVID-19 data or data from other research sponsors. Finally, the committee concludes that the procedures for accessing, disposition, and publication of data related to COVID-19 are consistent with those in prior UF-FDOH partnerships.

ATTACHMENT A

Committee Signed Charge Letters



University of Florida
UF Research Integrity, Security & Compliance

236 Grinter Hall
PO Box 115500
Gainesville, FL 32611-5500
(352) 392-9174

December 16, 2021

Dr. Adegbola Adesogan
Department of Animal Sciences
Institute of Food and Agricultural Sciences
P.O. Box 110910
Gainesville, FL 32611

Dear Dr. Adesogan:

Thank you for accepting the appointment to this Investigation Committee. My office, UF Research Integrity, Security & Compliance (RISC) will assist the Investigation Committee in performing its investigation into statements relating to the handling of COVID-19 research data at UF, as reported in "Report of the Faculty Senate Ad Hoc Committee on Academic Freedom," released December 6, 2021 (enclosed).

Committee Charge:

Pursuant to UF Regulation 1.0101, and UF Research Integrity Policy (enclosed), the Investigation Committee is charged to conduct fact-finding regarding the statements presented in the Faculty Senate Ad Hoc Committee report and determine if, in relation to COVID-19 research efforts, there were:

- a. External pressures to destroy de-identified data; or
- b. Barriers to accessing and analyzing de-identified data in a timely manner; or
- c. Barriers to publication of scientific research; or
- d. Inconsistencies in procedures compared to prior UF/ Florida state agency partnerships related to
 - i. access to de-identified data;
 - ii. disposition of de-identified data;
 - iii. destruction of de-identified data;
 - iv. publication of de-identified data.¹

¹ See the Executive Summary, page 1, and Section 2.1 Incidents Reported to the ad hoc committee, page 19, of the Faculty Senate Ad Hoc Committee report.

Committee Responsibilities:

In carrying out your responsibilities as a member of the Investigation Committee, I ask you to make a good faith effort to:

1. Diligently gather and examine all records and evidence relevant to determining the factual basis of the statements presented in the referenced report;
2. Take reasonable steps to ensure an impartial and unbiased investigation;
3. Interview any individuals reasonably identified as having information related to the investigation;
4. Pursue diligently all significant issues and leads discovered that you determine are relevant to the investigation, and continue the investigation to completion;
5. Maintain confidentiality of this process; and
6. At the conclusion of the investigation, prepare, or direct the preparation of, a written report of the Committee's findings for the Vice President for Research and Chief Compliance & Ethics Officer.

The investigation shall be completed by February 28, 2022. The Research Integrity Officer (RIO) and UF Research Integrity, Security & Compliance (RISC) are available to support you throughout the investigation process. If you need any assistance or have any questions during the investigation, please contact me at 352-273-3052.

Thank you for your willingness to serve.

Sincerely,



Cassandra C. Farley, Research Integrity Officer
Director, UF Research Integrity, Security & Compliance

Encl: Report of the Faculty Senate Ad Hoc Committee on Academic Freedom, dated 12/6/2021
UF Regulation 1.0101
UF Research Integrity Policy

I have received and acknowledge the charge presented in this letter.



Committee member signature

1/3/2022 | 8:09 AM EST

Date

cc: David P. Norton, Ph.D., Vice President for Research
Terra Dubois, JD, Chief Compliance & Ethics Officer



University of Florida
UF Research Integrity, Security & Compliance

236 Grinter Hall
PO Box 115500
Gainesville, FL 32611-5500
(352) 392-9174

December 16, 2021

Dr. Michele Manuel
Department of Materials Science and Engineering
College of Engineering
100 Rhines Hall
Gainesville, FL 32611

Dear Dr. Manuel:

Thank you for accepting the appointment to this Investigation Committee. My office, UF Research Integrity, Security & Compliance (RISC) will assist the Investigation Committee in performing its investigation into statements relating to the handling of COVID-19 research data at UF, as reported in "Report of the Faculty Senate Ad Hoc Committee on Academic Freedom," released December 6, 2021 (enclosed).

Committee Charge:

Pursuant to UF Regulation 1.0101, and UF Research Integrity Policy (enclosed), the Investigation Committee is charged to conduct fact-finding regarding the statements presented in the Faculty Senate Ad Hoc Committee report and determine if, in relation to COVID-19 research efforts, there were:

- a. External pressures to destroy de-identified data; or
- b. Barriers to accessing and analyzing de-identified data in a timely manner; or
- c. Barriers to publication of scientific research; or
- d. Inconsistencies in procedures compared to prior UF/ Florida state agency partnerships related to
 - i. access to de-identified data;
 - ii. disposition of de-identified data;
 - iii. destruction of de-identified data;
 - iv. publication of de-identified data.¹

¹ See the Executive Summary, page 1, and Section 2.1 Incidents Reported to the ad hoc committee, page 19, of the Faculty Senate Ad Hoc Committee report.

Committee Responsibilities:

In carrying out your responsibilities as a member of the Investigation Committee, I ask you to make a good faith effort to:

1. Diligently gather and examine all records and evidence relevant to determining the factual basis of the statements presented in the referenced report;
2. Take reasonable steps to ensure an impartial and unbiased investigation;
3. Interview any individuals reasonably identified as having information related to the investigation;
4. Pursue diligently all significant issues and leads discovered that you determine are relevant to the investigation, and continue the investigation to completion;
5. Maintain confidentiality of this process; and
6. At the conclusion of the investigation, prepare, or direct the preparation of, a written report of the Committee's findings for the Vice President for Research and Chief Compliance & Ethics Officer.

The investigation shall be completed by February 28, 2022. The Research Integrity Officer (RIO) and UF Research Integrity, Security & Compliance (RISC) are available to support you throughout the investigation process. If you need any assistance or have any questions during the investigation, please contact me at 352-273-3052.

Thank you for your willingness to serve.

Sincerely,



Cassandra C. Farley, Research Integrity Officer
Director, UF Research Integrity, Security & Compliance

Encl: Report of the Faculty Senate Ad Hoc Committee on Academic Freedom, dated 12/6/2021
UF Regulation 1.0101
UF Research Integrity Policy

I have received and acknowledge the charge presented in this letter.

Michele Manuel

12/16/2021 | 4:35 PM EST

Committee member signature

Date

cc: David P. Norton, Ph.D., Vice President for Research
Terra Dubois, JD, Chief Compliance & Ethics Officer



University of Florida
UF Research Integrity, Security & Compliance

236 Grinter Hall
PO Box 115500
Gainesville, FL 32611-5500
(352) 392-9174

December 16, 2021

Dr. Richard A. Yost
Department of Chemistry
College of Liberal Arts and Sciences
P.O. Box 117200
Gainesville, FL 32608

Dear Dr. Yost:

Thank you for accepting the appointment to this Investigation Committee. My office, UF Research Integrity, Security & Compliance (RISC) will assist the Investigation Committee in performing its investigation into statements relating to the handling of COVID-19 research data at UF, as reported in "Report of the Faculty Senate Ad Hoc Committee on Academic Freedom," released December 6, 2021 (enclosed).

Committee Charge:

Pursuant to UF Regulation 1.0101, and UF Research Integrity Policy (enclosed), the Investigation Committee is charged to conduct fact-finding regarding the statements presented in the Faculty Senate Ad Hoc Committee report and determine if, in relation to COVID-19 research efforts, there were:

- a. External pressures to destroy de-identified data; or
- b. Barriers to accessing and analyzing de-identified data in a timely manner; or
- c. Barriers to publication of scientific research; or
- d. Inconsistencies in procedures compared to prior UF/ Florida state agency partnerships related to
 - i. access to de-identified data;
 - ii. disposition of de-identified data;
 - iii. destruction of de-identified data;
 - iv. publication of de-identified data.¹

¹ See the Executive Summary, page 1, and Section 2.1 Incidents Reported to the ad hoc committee, page 19, of the Faculty Senate Ad Hoc Committee report.

Committee Responsibilities:

In carrying out your responsibilities as a member of the Investigation Committee, I ask you to make a good faith effort to:

1. Diligently gather and examine all records and evidence relevant to determining the factual basis of the statements presented in the referenced report;
2. Take reasonable steps to ensure an impartial and unbiased investigation;
3. Interview any individuals reasonably identified as having information related to the investigation;
4. Pursue diligently all significant issues and leads discovered that you determine are relevant to the investigation, and continue the investigation to completion;
5. Maintain confidentiality of this process; and
6. At the conclusion of the investigation, prepare, or direct the preparation of, a written report of the Committee's findings for the Vice President for Research and Chief Compliance & Ethics Officer.

The investigation shall be completed by February 28, 2022. The Research Integrity Officer (RIO) and UF Research Integrity, Security & Compliance (RISC) are available to support you throughout the investigation process. If you need any assistance or have any questions during the investigation, please contact me at 352-273-3052.

Thank you for your willingness to serve.

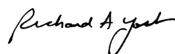
Sincerely,



Cassandra C. Farley, Research Integrity Officer
Director, UF Research Integrity, Security & Compliance

Encl: Report of the Faculty Senate Ad Hoc Committee on Academic Freedom, dated 12/6/2021
UF Regulation 1.0101
UF Research Integrity Policy

I have received and acknowledge the charge presented in this letter.



Committee member signature

12/16/2021 | 2:58 PM EST

Date

cc: David P. Norton, Ph.D., Vice President for Research
Terra Dubois, JD, Chief Compliance & Ethics Officer

ATTACHMENT B

FDOH Confidentiality Pledge for COVID-19 Data



Florida Department of Health COVID-19 CONFIDENTIALITY PLEDGE

I recognize the necessity and importance of maintaining the confidentiality of all data and information I receive related to the COVID-19 response that is collected by and/or provided by the Florida Department of Health (Department) and of assuring the right to privacy of persons whose records I receive.

I therefore agree to protect all data and all other information I receive in this role in accordance with the following requirements:

- 1. I will avoid any action that will provide data to any unauthorized individual or agency. I will not make copies of any records or data except as specifically authorized.*
- 2. I will not remove or transfer data or information from my place of employment except as authorized in the performance of my duties to provide that data to the Department of Health or other authorized person or entity under section 381.0031, Florida Statutes.*
- 3. I will not discuss in any manner information that would lead to the identification of individual(s) described in any data I receive from the Department.*
- 4. I will use data only for purposes for which I am specifically authorized, pursuant to my role during the COVID-19 response.*
- 5. I will not provide any computer password or file access codes which protect these data to any unauthorized person.*
- 6. If I observe unauthorized access or divulgence of data or records to other persons, I will report it immediately to the Department.*
- 7. I will not discuss my work on behalf of the Department with anyone that is not authorized to receive that information.*

I therefore pledge that I will not divulge to any unauthorized person data or any other information related to the COVID-19 response collected by and/or provided by the Department.

Employee/Contractor Signature

Date

Print Name

ATTACHMENT C

FDOH Confidentiality Pledge for Tuberculosis Data

Attachment 3.

CONFIDENTIALITY PLEDGE

I recognize the importance of maintaining the confidentiality of all data collected by the Florida Department of Health, Bureau of Communicable Diseases.

I understand that confidential information or data is defined as any information where the individual, hospital(s), or physician(s) is named or otherwise identifiable.

I therefore agree to protect the confidentiality of the data in accordance with the following requirements:

I will avoid any action that will provide confidential information to any unauthorized individual or agency.

I will not make copies of any confidential records or data except as specifically authorized.

I will not remove confidential identifying information from my place of employment except as authorized in the performance of my duties.

I will not discuss in any manner, with any unauthorized person, information that would lead to identification of individuals described in confidential files or data.

I will use confidential files and data only for purposes for which I am specifically authorized.

I will not provide any computer password or file access codes which protect these data to any unauthorized person.

If I observe unauthorized access or divulgence of confidential data or records to other persons, I will report it immediately to the Bureau of Communicable Diseases. I understand that failure to report violations of confidentiality by others is just as serious as my own violation, and may result in civil or criminal penalties and termination of current and future access to confidential data.

I therefore pledge that I will not divulge to any unauthorized person confidential information or data obtained from the Bureau of Communicable Diseases.

Name: _____
Print

Signature: _____

Date: _____

Address: _____

ATTACHMENT D

Screenshot of FDOH website



(<https://www.tobaccofreeflorida.com/>)

[stakeholder-groups/index.html](#))

[Public Records Requests \(/about/sunshine-info/public-records-requests/index.html\)](#)

[State Health Improvement Plan \(/about/state-and-community-health-assessment/ship-process/index.html?utm_source=flhealth.gov%26utm_medium=text_linkredirect%26utm_campaign=ship\)](#)

[Annual Regulatory Plans—Florida Department of Health \(pdf\) \(/documents/annual-regulatory-plan-fdoh.pdf\)](#)

[Annual Regulatory Plans—Boards \(pdf\) \(/documents/annual-regulatory-plan-boards.pdf\)](#)

[Certificates and Registries \(/certificates/index.html\)](#)

[Birth Certificates \(/certificates/certificates/birth/index.html\)](#)

[Death Certificates \(/certificates/certificates/death/index.html\)](#)

[Divorce Certificates \(/certificates/certificates/divorce/index.html\)](#)

[Marriage Certificates \(/certificates/certificates/marriage/index.html\)](#)



By using this site, you agree to the [Privacy Policy \(https://www.floridahealth.gov/privacy-policy.html\)](#).

[\(/index.html\)](#) [Site Map \(https://www.floridahealth.gov/site-map.html\)](#) | [Disclaimer \(/disclaimer.html\)](#) | [Accessibility Information \(/accessibility-information.html\)](#) | [Email Advisory \(/email-advisory.html\)](#) | [Social Media Disclaimer \(/social-media-disclaimer.html\)](#)

ATTACHMENT E

Template FDOH Data Use Agreement



Vital Records Data Use Agreement

Background and Purpose

The Bureau of Vital Statistics at the Florida Department of Health (DOH) may release vital records data to entities with an approved Vital Records Data Use Agreement (Data Use Agreement) for purposes authorized by section 382.025, Florida Statutes. All persons with data access must sign the Data Use Agreement outlining the terms and conditions for using vital records data. A data use agreement is specific to the individual project and all projects require annual review.

The Bureau of Vital Statistics at the DOH conducts a detailed review of every application for access to vital records data and makes a determination on a case by case basis. Requests for confidential data will be granted only if the project meets the statutory criteria, the criteria above, and the project cannot be reasonably completed with de-identified information.

Approved applicants are held to the highest ethical standards and must agree to the stipulations detailed in the Data Use Agreement.

Return application to:

Bureau of Vital Statistics
Florida Department of Health
Attn: Gary Sammet
1217 N. Pearl Street
Jacksonville, FL 32202



Vital Records Data Use Agreement

Date:

I. Project Director Information

Name of Requestor:

Title:

Requestor's Organization/Agency:

Mailing Address:

Telephone Number:

Fax Number:

E-Mail Address:

Contact Person (if different from Project Director):

Contact Person's Telephone Number:

Contact Person's E-Mail Address:

Does this application update a previous Data Use Agreement? ☐ Yes ☐ No

If yes, provide Study Number of previous Data Use Agreement:

II. Project Summary

Provide a brief title for your project or study:

Purpose of the Project: (Provide detailed explanation)

Intended Use of the Data: (Provide detailed information)

Please describe your plan for the release of results, including plans for public dissemination, if any:

The publication must cite the DOH as the data source. A disclaimer must also be included that "any published findings and conclusions are those of the authors and do not necessarily represent the official position of the Florida Department of Health."

The Project Director is the Data Custodian for this project; however, there are some circumstances which may allow another person to be the Data Custodian.

[The Data Custodian is responsible for observance of all conditions of use and for establishment and maintenance of physical and electronic security arrangements to prevent unauthorized use. This individual must have the legal authority to keep the information confidential and maintain confidentiality. If the custodian is changed, the organization must promptly notify the DOH Division of Public Health Statistics and Performance Management.

Are you the Data Custodian for this project? ☐ Yes ☐ No

If no, please indicate the name of the Data Custodian and their relationship to the requestor's organization:

Is the requested data needed for work being performed under contract with the DOH? ☐ Yes ☐ No

If yes, then please provide the DOH contract manager's name:

III. Data Requested and Specifications

Data Requested

- ☐ Birth
- ☐ Fetal Death
- ☐ Death with cause-of-death
- ☐ Death without cause-of-death
- ☐ Marriage
- ☐ Dissolution of Marriage

Data Specifications

- ☐ Years
(Specify)
- ☐ Statewide Data
- ☐ County Only
(Specify)

Data Format

- ☐ Photocopies
- ☐ Electronic Transfer (Secure FTP)

IV. Variables and/or Linking (Matching) of Data

List the specific variable names being requested here or in an attachment to the data use agreement :

Will the data requested be linked or matched with any other data sources ? ☐ Yes ☐ No

If yes, describe in detail any linking of requested vital statistics data with any other data sources. Specify the data sources, the variables which will be used for linking, (SSN, name, etc.), and which variables will be kept in the linked file.

If the applicant will be linking the data, provide a detailed description of the linking methodology to be used. If the requestor will need DOH to match or link records, describe how the data needing to be matched or linked will be provided.

V. Security and Confidentiality

The release of information that may lead to the identification of individuals or be traced back to an individual record is prohibited. However, statistical and research results based on the data provided by the Bureau of Vital Statistics pursuant to this Agreement may be released. Any person(s) who access, disclose or use personally identifiable information in a manner or for a purpose not authorized by this agreement may be subject to civil and criminal sanctions contained in applicable federal and state statutes.

Only the listed Data Custodian or authorized users listed on this agreement may access data. Describe where data will be stored and how data will be accessed by authorized users.

Do you agree to each of the following requirements?

- 1) The files will be used only to accomplish the research project described in this agreement. ☐ Yes ☐ No
- 2) These files, or any files extracted or derived from them, will not be released to other organizations or individuals who have not been named in this agreement. ☐ Yes ☐ No
- 3) No attempt will be made to link information from any other source to records for specific individuals for whom records are included in these files, unless authorized by this agreement. ☐ Yes ☐ No
- 4) No listing of information from individual records, with or without identifiers, will be published or otherwise released. ☐ Yes ☐ No
- 5) No statistical tabulations or research results will be released which reveal information about identifiable individuals. ☐ Yes ☐ No
- 6) Statistical and research results derived from these files may be published. However, no results may be copyrighted by the author without the permission of the Bureau of Vital Statistics.
☐ Yes ☐ No

VI. Data Destruction Schedule

Consistent with Florida law, applicants must make provisions for the destruction of records at the conclusion of their project, or when the data is no longer required. Maintaining the privacy of the individuals whose personal information is included in vital records is required to preserve the integrity of the data sharing process.

Please detail the manner and timeline for destruction. If you are following a data destruction policy set by your organization or agency, please attach that policy to your application.

VII. Data Use by Others

Will any sub-contractors affiliated with this project use the data during the course of the project?

☐ Yes ☐ No

If yes, each sub-contractor or other individual will need to complete a separate Data Use Agreement. Please identify the individuals of the sub-contractor who will have access or be using the data and describe the work they will perform.

VIII. Fees

Prior to generating the data, the DOH will provide an estimate of the costs incurred in its preparation. Once the request is approved and payment received, the data will be provided. A waiver or reduction of the fees authorized by section 382.0255(1), Florida Statutes, will be considered only if the intended use of the data will have a direct health-related benefit to Florida citizens. If a waiver or reduction of the fees is requested, describe how use of the data is a direct benefit to Florida citizens.

IX. Contact with Human Subjects

No contacts of any kind can be made with any person named on a certificate or data file or related persons without the written permission of the Bureau of Vital Statistics and review by the DOH Institutional Review Board (IRB). If the project requires DOH IRB review, applicants must first submit a signed and notarized Data Use Agreement along with the protocol for review to the Bureau of Vital Statistics. A Data Use Agreement may be rejected if the research protocol involves intrusive follow-back of research subjects.

Will the project involve direct contact with individuals or establishments mentioned on the record?

☐ Yes ☐ No

If so, describe the need for such activity and the types of individuals or establishments who will be contacted.

X. All Staff Accessing the Information

List name, title, affiliation and role in this project for each authorized user:

XI. Use and Consent of the Data

Vital records data may only be used for the specific purpose(s) described in this agreement. All persons with data access must maintain the confidentiality of the data and prevent release to unauthorized parties. All publications, tabular presentations, maps or depictions of cartographic information must aggregate results to protect the identity

of individuals and comply with applicable state and federal laws. The Division of Public Health Statistics and Performance Management, Bureau of Community Health Assessment, Section of Public Health Reporting shall be notified immediately by phone (850-245-4037) after discovery of any use or disclosure of the data not provided for by this agreement.

As the signatory for this agreement as the Data Custodian, the Data Custodian bears full responsibility for adhering to all data confidentiality, security policies, and the terms of this agreement. The Data Custodian serves as the point of contact for receiving, maintaining, protecting, and ultimately destroying the data provided by DOH. Data may be used by the custodian only for the purpose stated in this agreement and may not be used for any other purpose. No entity with data access may link vital records data with any other source of information without the written authorization of the Bureau of Vital Statistics. Additionally, proper physical, computer and system security safeguards will be maintained by the signatory's requestor's organization/agency pursuant of the agreement.

Physical Security

The requestor's organization shall ensure that DOH data are used and stored in an area that is physically safe from access by unauthorized persons during working hours and non-working hours. The requestor's organization agrees to safeguard DOH data from loss, theft, or inadvertent disclosure and, therefore, agrees to:

1. Secure all areas of the organization's facilities where employees assist in the administration of the program's use or disclose DOH data. Ensure that authorized individuals only access these secure areas with properly coded key cards, authorized door keys or access authorization; and access to premises is by official identification.
2. Issue identification badges to workers who assist in the administration of the organization's programs and require the organization's workers to wear these badges at organization's facilities where DOH data are stored and used.
3. Store paper records with DOH data in locked spaces, such as locked file cabinets, locked file rooms, locked desks, or locked offices in facilities which are multi-use, meaning that where the requestor's organization and non-requestor's organization functions in one building in work areas that are not securely segregated from each other.
4. Use all reasonable measures to prevent non-authorized personnel and visitors from having access to, control of, or viewing DOH data.

Computer Security Safeguards

The requestor's organization agrees to comply with the general computer security safeguards, system security controls, and audit controls in this section.

General Computer Security Safeguards:

1. Encrypt portable computer devices, such as but not limited to, laptops and notebook computers, that process and/or store DOH data with an encryption solution that is full-disk utilizing a minimum algorithm of 256 bit AES or 3DES (Triple DES) if AES is unavailable.
2. Encrypt workstations where DOH data are stored using an encryption product that utilizes a minimum algorithm of 256 bit AES, or 3DES (Triple DES) if AES is unavailable, and is recognized as an industry leader in meeting the needs for the intended solution.
3. Ensure that only the minimum necessary amount of DOH data is downloaded to a laptop or hard drive when absolutely necessary for current business purposes.

4. Encrypt all electronic files that contain DOH data when the file is stored on any removable media type device (i.e., USB thumb drives, floppies, CD/DVD, portable hard drives, etc.) using an encryption product that utilizes a minimum algorithm of 256 bit AES, or 3DES (Triple DES) if AES is unavailable, and is recognized as an industry leader in meeting the needs for the intended solution.
5. Ensure that all emails sent outside the requestor's organization's e-mail environment that include DOH data are sent via an encrypted method using an encryption product that is recognized as an industry leader in meeting the needs of the intended solution.
6. Ensure that all workstations, laptops and other systems that process and/or store DOH data have a commercial third-party anti-virus software solution and are automatically updated when a new anti-virus definition/software release is available.
7. Ensure that all workstations, laptops and other systems that process and/or store DOH data have current security patches applied and are up-to-date.
8. Ensure that all DOH data are wiped from all systems and backups when the data is no longer legally required. The requestor's organization shall ensure in writing that the wipe method conforms to the US Department of Defense standards for data destruction.
9. Ensure that any remote access to DOH data are established over an encrypted session protocol using an encryption product that is recognized as an industry leader in meeting the needs of the intended solution. The requestor's organization shall ensure all remote access is limited to the minimum necessary and maintains the principles of least privilege.

System Security Controls

In order to comply with the following system security controls, requestor's organization agrees to:

1. Ensure that all systems containing DOH data provide an automatic timeout after no more than 15 minutes of inactivity.
2. Ensure that all systems containing DOH data display a warning banner stating that data is confidential, systems are logged, and system use is for business purposes only. Users shall be directed to log off the system if they do not agree with these requirements.
3. Ensure that all systems containing DOH data log successes and failures of user authentication and authorizations granted. The system shall log all data changes and system accesses conducted by all users (including all levels of users, system administrators, developers, and auditors). The system shall have the capability to record data access for specified users when requested by authorized management personnel. A log of all system changes shall be maintained and be available for review by authorized management personnel.
4. Ensure that all systems containing DOH data uses role-based access controls for all user authentications, enforcing the principle of least privileges.
5. Ensure that all data transmissions over networks outside of the requestor's organization's control are encrypted end-to-end using an encryption product that is recognized as an industry leader in meeting the needs for the intended solution when transmitting DOH data. Encrypt DOH data at the minimum of 256 bit AES or 3DES (Triple DES) if AES is unavailable.
6. Ensure that all systems that are accessible via the Internet or store DOH data interactively use a comprehensive third-party real-time host-based intrusion detection and prevention program or are protected at the perimeter by a network based IDS/IPS solution.

Any failure of persons listed in this agreement to abide by the terms of this agreement constitutes a breach and may result in legal action and/or the demand for immediate return of all data obtained hereunder and the destruction under the supervision of the DOH of all copies of the data in the requestor's, the organization's, employees, agents, assigns, or subcontractor's possession. All actions brought under this agreement will be in the State of Florida. In any action brought by the DOH under this agreement in which the DOH prevails, the DOH shall be entitled to its attorney's fees and court costs.

***** All persons who come in direct contact with vital statistics data are required to sign this agreement. If additional signatures are required, please provide them on the last page of this agreement.**

Project Director's Name (Please Print):

Project Director's Signature (Notarization Required):

Attest (If applicant is a corporation): _____
(As Corporate Secretary)

Subscribed and sworn before me _____ ***this*** _____ ***day of***
_____, ***20***_____.

Notary Public, State of _____
Notary Public Signature ***(Affix Notary Stamp)***

FOR OFFICE USE ONLY

Fees Waived: Yes ☐ No ☐

Fees Reduced: Yes ☐ No ☐

DOH IRB Recommendation: Yes ☐ No ☐

Florida Department of Health Reviewers:

_____ (Reviewer 1)

_____ (Reviewer 2)

Florida Department of Health Authorization:

Ken Jones
State Registrar/Bureau Chief
Bureau of Vital Statistics

Date

This agreement shall expire one year from the date above. If the agreement is not renewed, all vital records data must be handled in accordance with the Data Destruction Plan .



Vital Records Data Use Agreement

Signatures below, by individuals who will access vital records data as authorized users, acknowledging agreement to the terms of this Data Use Agreement.

Name
(Please Print)

Signature: _____

Name:
(Please Print)

Signature: _____

Name:
(Please Print)

Signature: _____

Name:
(Please Print)

Signature: _____

Name:
(Please Print)

Signature: _____

ATTACHMENT F

October 1, 2020 Email from FDOH General Counsel to UF
General Counsel

From: [Hass, Amy Meyers](#)
To: [Farley, Cassandra C](#)
Subject: FW: RedCap
Date: Thursday, February 3, 2022 8:48:35 AM

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Thursday, October 1, 2020 12:44 PM
To: Hass, Amy Meyers <amhass@UFL.EDU>
Subject: RedCap

[External Email]

Amy,

I learned that our Deputy Secretary for Health and State Epidemiologist were on a Zoom call with UF and the CDC today and we found that UF is apparently using information the hired DOH OPS employees who are affiliated with the University are placing into a separate UF system without any authorization from the Department of Health to do so; creating a separate database belonging exclusively to UF that houses confidential Department of Health data. I believe, from the few emails I have seen, this is called RedCap.

I am highly concerned and wanted to reach out to remedy this immediately. I can say that all OPS employees were instructed to sign a confidentiality agreement and, as a result, we are proceeding with dismissal of all of the OPS employees affiliated with UF for the purpose of contact tracing. I may also have to refer this to the Department's IG for review. I would like to discuss how best to ensure that the confidential DOH data taken and used by UF is destroyed.

Please give me a call when you have a moment to review so we can discuss.

Thank you,

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

Mission: To protect, promote, and improve the health of all people in Florida through

integrated state, county, & community efforts.

Vision: To be the **Healthiest State** in the Nation

Values: ICARE

I innovation: We search for creative solutions and manage resources wisely.

C collaboration: We use teamwork to achieve common goals & solve problems.

A accountability: We perform with integrity & respect.

R responsiveness: We achieve our mission by serving our customers & engaging our partners.

E excellence: We promote quality outcomes through learning & continuous performance improvement.

Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

Please note:

Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Please consider the environment before printing this e-mail.

ATTACHMENT G

October 2, 2020 Email from FDOH General Counsel to UF
General Counsel

From: [Hass, Amy Meyers](#)
To: [Farley, Cassandra C](#)
Subject: FW: REDCap update
Date: Thursday, February 3, 2022 8:49:57 AM

From: St Laurent, Louise R <Louise.StLaurent@flhealth.gov>
Sent: Friday, October 2, 2020 3:18 PM
To: Hass, Amy Meyers <amhass@UFL.EDU>
Subject: REDCap update

[External Email]

Amy,

I had a few discussions and ultimately spoke to Paul. We are going to ensure our DOH employees do not enter any additional DOH data or information into REDCap. We are restoring those OPS employees' access to Merlin with this instruction.

I would like to see if there is a way to get a full copy of everything in REDCap for DOH contact tracing done by our employees and some assurance that the data will no longer be held by UF/on a UF server.

Additionally, I'm hopeful that we can get some of our IT people to talk with UF's IT people to see how the data has been used and access since the inception of DOH employees contact tracing on UF's system. That will help us to evaluate any confidentiality breaches. I don't know how any of that is done, but am happy to get our smart tech people to call your smart tech people to start walking through those items, so please let me know who best to start with on your side.

Thank you, and I hope you have a great weekend!

Louise St. Laurent
General Counsel
Office of the General Counsel
Florida Department of Health
4052 Bald Cypress Way, A-02
Tallahassee, FL 32399
(850) 245-4956 (Office)
(850) 597-3531 (Cell)
(850) 245-4790 (Fax)

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: To be the **Healthiest State** in the Nation

Values: ICARE

I innovation: We search for creative solutions and manage resources wisely.

C collaboration: We use teamwork to achieve common goals & solve problems.

A accountability: We perform with integrity & respect.

R responsiveness: We achieve our mission by serving our customers & engaging our partners.

E excellence: We promote quality outcomes through learning & continuous performance improvement.

Purpose: To protect the public through health care licensure, enforcement and information.

Focus: To be the nation's leader in quality health care regulation.

Please note:

Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

Please consider the environment before printing this e-mail.