

## *General Affiliation Agreement*

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This document is an affiliation agreement between the AAFP NRN and \_\_\_\_\_, executed on \_\_\_\_\_, 2005.

### **General Principles**

- ❖ The AAFP NRN wishes to form collaborative affiliations with other PBRNs in order to
  - ◆ facilitate knowledge sharing in the areas of research methodology and biostatistics;
  - ◆ facilitate resource sharing in the areas of information technology, network management, and communication;
  - ◆ increase the number of potential participants in any given study; and
  - ◆ increase the diversity of the population of patients cared for by network members.
- ❖ An affiliation with another PBRN is made for the mutual benefit of both networks.
- ❖ Affiliated networks will remain separate and autonomous, with separate governance, financial management, and research aims. However, the AAFP NRN offers membership to any affiliated practice or clinician not currently part of the AAFP NRN.

### **Study Selection & Decision Making**

The Directors of the AAFP NRN and the \_\_\_ Network may propose studies for collaboration under this affiliation agreement. Directors may then commit their respective networks to a project, as defined by their separate bylaws or charters.

Neither the AAFP NRN Director nor the \_\_\_ Network Director can commit the other to a study or project without permission.

The AAFP NRN has a study selection process used to assess the feasibility of and members' interested in proposed studies. All collaborative studies resulting from this affiliation must pass through this process.

### **Communication Between the AAFP NRN and \_\_\_ Network**

The AAFP NRN will communicate with the Director and a designated network coordinator or manager for the \_\_\_ Network. Unless permission is expressly granted, the AAFP NRN will not directly contact members of the \_\_\_ Network, and the \_\_\_ Network will not directly contact members of the AAFP NRN.

### **Data Collection & Sharing**

For the purpose of adequately describing the participants of studies, both networks will collect and share the following information about clinicians, practices, and patients.

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<b>Clinicians:</b>	<b>Patients:</b>	<b>Practices:</b>
<ul style="list-style-type: none"> <li>❖ Specialty</li> <li>❖ Resident vs. non-resident</li> <li>❖ Age</li> <li>❖ Gender</li> <li>❖ Race</li> <li>❖ Ethnicity</li> </ul>	<ul style="list-style-type: none"> <li>❖ Age</li> <li>❖ Gender</li> <li>❖ Race</li> <li>❖ Ethnicity</li> </ul>	<ul style="list-style-type: none"> <li>❖ Patient visits per year</li> <li>❖ Active patient population</li> <li>❖ Zip Code</li> <li>❖ Patient Population-level race</li> <li>❖ Patient Population-level ethnicity</li> <li>❖ Patient Population-level payment for health care services</li> </ul>

All data will be collected, handled, and stored in accordance with the HIPAA Privacy Rule and Security Rules. Data will be updated once per year.

### ***Publication Policy***

The AAFP NRN has a publication policy and manuscript writing process, which will be used in whole or modified for specific studies.

### ***IRB Approval of Collaborative Studies***

The principal investigator for a study is responsible for obtaining IRB approval from his or her home institution. All collaborative studies must also be approved by the AAFP NRN's local IRB and the \_\_\_ Network's local IRB. Network members who are not governed by a local IRB must sign a Federalwide Assurance (FWA) with an IRB or sign an Unaffiliated Investigator Agreement with the NRN or the \_\_\_ Network, if covered by an FWA.

### ***Ending an Affiliation***

Affiliations will remain in place until one or both parties end the affiliation in writing. The completion of any ongoing studies at the time an affiliation is ended will be negotiated by the Directors of both networks.