

## CONFIDENTIALITY AGREEMENT

**Title of Research Project:** \_\_\_\_\_

I, \_\_\_\_\_, understand that I may have access to confidential information about participants. By signing this statement, I am indicating my understanding of my responsibilities to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about participants are completely confidential.
- I will de-identify the documents for the investigators to ensure that the study is anonymous. No Dates (including, but not limited to: birth date, admission date, discharge date, date of death, date of dx, etc.) may be used or recorded. Specific Ages may be used & recorded only for subjects 89 years of age or less. Subjects > 89 yrs of age must be grouped as follows: "> 89 years old".
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.
- I understand that all information about participants obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information, unless specifically authorized to do so by approved protocol or by the local principal investigator acting in response to applicable law or court order, or public health or clinical need.
- I understand that I am not to read information about participants, or any other confidential documents, nor ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties on this research project.
- I agree to notify the local principal investigator immediately should I become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this be on my part or on the part of another person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature of principal investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name