Confidentiality Agreement
Transcription and/or Translation Services

IRB Protocol #:

I, _____, transcriptionist and/or translator, individually and on behalf of _____ (name of business or entity, if applicable), do hereby agree to maintain full confidentiality with respect to any and all study-related materials received from _____ (researcher's name) related to the research study titled _____

Study-related materials may include, but are not limited to, digital audio or video recordings, electronic documents, transcripts, survey responses, and other electronic or computerized data files. Furthermore, I agree:

1. **Confidentiality of Identities**
   To hold in the strictest confidence the identity of any individual that may be directly or indirectly revealed during transcription or translation of recorded interviews, virtual interviews, live oral communications, or associated electronic or written documents.

2. **Non-Disclosure**
   To not disclose, share, discuss, or use any information received for profit, personal gain, or any purpose outside the scope of the approved research activity.

3. **Restrictions on Copying and Distribution**
   To not make copies, downloads, screenshots, backups, or reproductions of any study-related digital files, recordings, transcripts, or documents unless explicitly authorized in writing by _____ (researcher's name).

4. **Secure Storage**
   To store all study-related materials in a safe, secure manner while they are in my possession. This includes the use of password-protected devices, encrypted storage, and secure file transfer or cloud-based systems, as applicable.

5. **Return or Transfer of Materials**
   To return or securely transfer all study-related materials to _____ (researcher's name) in a complete and timely manner upon request or upon completion of services.

6. **Deletion and Destruction of Electronic Files**
   To permanently delete all electronic files containing study-related materials from all devices, storage media, cloud services, and backup systems under my control, upon completion of transcription and/or translation services, or as directed by the researcher.

Contact Information

For Transcriber/Translator:
Name: _____
Business Name and Title (if applicable): _____
Business Address: _____
Telephone: _____
Email:_____

For Researcher:
Email: _____
Telephone: _____

I understand that I may be held legally liable for any breach of this confidentiality agreement and for any harm incurred by individuals if identifiable information is disclosed. I further understand that any breach of confidentiality may subject me to applicable laws and regulations of the State of Indiana.

Transcriber/ Translator's name _____

Transcriber/Translator's signature _____

Date _____