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|  https://ustpaul.ca/upload-files/intranet/Reference_-_USP_Horizontal_PMS.png

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| **Confidentiality Agreement for Study Personnel** |

**Study Title:****REB Study #:** [assigned by REB Coordinator] **Principal Investigator and Department:****Name of research personnel:****Contact (email and phone number):**I have been engaged as a [Research Assistant / Transcriber / Interpreter / Other (circle one)]  to assist in the above research study. In this role, I will have access to confidential information relating to the study. Confidential information refers to any information obtained about **1)** the study, the identity of the researcher, and any study data or methods; **2)** the identity or personal information about any individual or research participant in the study; and **3)** any other information that I am advised is or which I understand to be confidential. **I hereby agree to**: 1. Keep all the data shared with me confidential by not divulging information or making it accessible in any form or format with anyone other than the members of the research team or the University Research Ethics Board. I will exercise utmost caution in ensuring that information is not inadvertently disclosed.
2. Keep all information in any form secure (to avoid accidental or deliberate unauthorized disclosure) while it is in my possession, as outlined in the cleared REB protocol.
3. Return all information in any form to the Principal Investigator upon the completion of my involvement in the research study.
4. Erase or destroy all research information in any form or format regarding the research study that is not returnable to the Principal Investigator (e.g., information stored on my computer hard drive or in emails) after consulting with the research team.

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Research Personnel Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Principal Investigator Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |