

Sample Confidentiality Agreement

I, [your name] individually and/or on behalf of [name of department or facility, if applicable], do agree to maintain full confidentiality in regards to any and all audiotapes, videotapes, and/or oral or written documentation received from [name of researcher(s)] related to the research project entitled [title of research project]. The information in these tapes and/or documentation has been revealed by those who participated in this research project with the understanding that their information would remain strictly confidential. I understand I have the responsibility to honor this confidentiality agreement.

Furthermore:

1. I will follow the established protocol for my role in the project.
2. I will not share any information in these tapes and/or documents with anyone except the researchers listed on this form.
3. I will hold in strictest confidence the identification of any individual who may be revealed in these tapes and/or documents.
4. I will not disclose any information received for profit, gain or otherwise.
5. I will not make copies of the audiotapes, videotapes, and/or oral or written documentation, unless specifically requested to do so by [name of researcher(s)].
6. I will store audiotapes, videotapes, and/or oral or written documentation in a safe, secure location as long as they are in my possession.
7. I will return all materials; including audiotapes, videotapes, and/or oral or written documentation; to [name of researcher(s)] within the mutually agreed upon time frame.
8. I will return all electronic computer devices to the researchers at the end of the project. I will not save any data provided to me in any format, electronic or otherwise.

Any violation of this agreement would constitute a serious breach of ethical standards and I pledge not to do so. I am also aware I am legally liable for any breach of confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes, videotapes, and/or oral or written documentation to which I have access.

Printed name _____

Signature _____

Title and/or affiliation with the researchers _____

Date _____