

Confidentiality Agreement Form for IRB Projects

I, _____ (interpreter/transcriptionist), agree to maintain full confidentiality in regards to any and conversation, audiotapes and documentation received from _____ related to his/her research study on the researcher study titled _____.

Furthermore, I agree:

- To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the conversation, audiotapes and documentation.
- To not make copies of any materials (e.g. audiotapes, transcribed interviews texts), unless specifically requested to do so by the researcher.
- To store all study-related materials in a safe, secure location as designated by the Principal Investigator.
- To return all study-related materials to the Principal Investigator in a complete and timely manner.
- To delete all electronic files containing study-related documents from my computer hard drive and any back-up devices.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I will have access.

Interpreter/Transcriber Name
(printed) _____

Interpreter/Transcriber's Signature _____

Date _____

Investigator's Name (printed) _____

Investigator's Signature _____

Date _____