

Confidentiality Agreement

Research Information

Title	
Principal Investigators	
Address	Mount Saint Vincent University 166 Bedford Highway Halifax NS B3M 3J6
Phone	
Fax	

This agreement is made between _____ (Student/volunteer/paid employee) and **PI** _____, Principal investigator of the _____ project title _____ at Mount Saint Vincent University.

In the course of her/his duties with the research project the person named on this form may have access to participants' personal and confidential information (collectively known as data) in the form of appointment information, consent documents, qualitative evaluation materials such as interview transcripts and field notes, or other confidential project documents. The person will have responsibility for and access to this information for the purposes of data collection, preparation, management, and organization.

By signing this document, I certify that I have read, understand, and agree to abide by the following terms and conditions of volunteerism/studentship/employment in the abovementioned project, specifically that I:

1. will not use participant data, qualitative evaluation materials, or administrative documents for any purpose other than as described below without prior written approval from the Project Principal Investigators.
2. will submit all participant data, qualitative evaluation materials, or administrative documents only to the following persons representing the project: _____, the Project Principal Investigators, and _____, the Project Research Assistant.
3. will ensure that all data, qualitative evaluation materials, or administrative documents are kept in a secure location (i.e., locked filing cabinet, password protected computers) at all times when not directly in use.
4. will not make any copies of data, qualitative evaluation materials, or administrative documents without authorization of the persons listed in #1 above.
5. will not contact directly or indirectly any individual to whom the personal data, qualitative evaluation materials, or administrative documents relate, unless the following two conditions are met: 1) one of the persons listed in #1 above requests that

s/he make such contact, and 2) s/he has the expressed permission of the Principal Investigators.

6. will not disclose or discuss any participant data, qualitative evaluation materials, or administrative documents with anyone other than the people working on the research project.
7. will ensure that all data, in any form or format, is to be deleted, destroyed or returned to the research team once I have completed the research tasks. Data are the property of _____.
8. will notify the Project Principal Investigators, or Research Assistant immediately upon becoming aware that any of the conditions set out in the agreement have been breached. In addition, a written notification of the breach must be submitted to the project Principal Investigators or Coordinator within 3 days of the event.
9. understand that this non-disclosure agreement is permanent. I will not discuss participant information with others even after the project is complete or when I have finished working with the research team.

Name of Student/volunteer/paid employee (print):	
Date:	
Signature:	
Name of Principal Investigator (print):	
Date:	
Signature:	

*Original signed form to be submitted to the Research Assistant of the project title _____ and will be classified in the project administrative documents. One copy of the signed form should be retained by the Student/volunteer/paid employee named above.