

4. Confidentiality Agreement

COMMUNITY PARTNER RESEARCH ETHICS TRAINING AND CERTIFICATION **CONFIDENTIALITY AGREEMENT**

	UNIVERSITY OF PITTSBURGH
Title of Research Project:Principal Investigator:	
-	selecting each of these STATEMENTS you are indicating that you have READ and AGREE to comply instructed below:
0	I understand that names and any other identifying information about study participants are completely confidential.
0	I agree not to share, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.
0	I understand that all information about study participants obtained or accessed by me in the course of my work is confidential. I agree not to share or otherwise make known to unauthorized persons any of this information, unless specifically authorized to do so by approved protocol or by a supervisor acting in response to applicable law or court order, or public health or clinical need.
0	I understand that I am not to read information about study participants, or any other confidential documents, nor ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties on this research project.
0	I understand that a breach of confidentiality may be grounds for disciplinary action, and may include termination of employment.

 I agree to notify my supervisor immediately should I become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this be on my part or on the part of another person.

