

Confidentiality Agreement
Updated [DATE]

As part of my involvement with sponsored research projects administered through [UNIVERSITY], and in partnership with numerous regional tribal communities, agencies, and entities, I understand that I may have access to files containing information which include, but are not limited to, confidential information regarding study participants and study locations. I understand that I have access to this information only because I am a member of the research team.

Confidential information includes, but is not limited to:

- Participant names
- Study locations
- Participant health information
- Participant age
- Participant address
- Any other information that could be used to identify study participants or communities

I agree that I shall not disclose any private or confidential participant information to anyone who is not directly involved in the project as a research worker, Community Research Council member, or research investigator.

I agree to be bound by this confidentiality agreement and take all reasonable, necessary, and appropriate steps to safeguard private data and study locations from disclosure to anyone except as permitted under this agreement.

I understand that maintaining confidentiality extends into the future; it is not limited to the period of time in which the work is being carried out.

I understand that violations of this agreement may subject me to dismissal from my position and other appropriate actions as necessary.

Signature: _____

Print name: _____

Email address: _____

Date: _____