# Confidentiality Agreement

**Project Title:**

**PI/Researcher(s):**

I \_\_\_[name of RA/transcriber]\_\_\_ have read and retained the Letters of Information concerning the research project [title].

I understand that maintaining confidentiality means that: **I agree not to reveal in any way to any person other than the PI/researcher [Coordinator, etc., list restricted people] any data gathered for the study by means of my services as a Research Assistant and/or Transcriber.** I will comply with the requirements for confidentiality.

Upon the termination of the work assigned by [e.g., researcher/PI/Coordinator], I will return all confidential information and project materials to [e.g., researcher/PI/Coordinator]. I will permanently delete copies from any electronic devices used for the purposes of completing the assigned tasks.

**Identification and Signature Indicating Agreement**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

Questions about this agreement or the study may be directed to:

[researcher/PI], [Department], Queen’s University, Kingston, ON K7L 3N6

Tel:

Email:

If you have any ethics concerns please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll free in North America) or chair.GREB@queensu.ca.