**Confidentiality Agreement**

# < Project Title >

< Principal Investigator and Department >

Queen’s University at Kingston
Kingston, Ontario K7L 3N6
< Date >

I have read and retained the Letter of Information concerning the above referenced research project being conducted by < Principal Investigator>, Queen’s University. In my role as a <name the job> for the researcher, I understand the nature of the study and requirements for confidentiality. I have had all of my questions concerning the nature of the study and my role as a <job> answered to my satisfaction.

1. Maintaining Confidentiality

**I agree not to reveal in any way to any person other than the researcher any information (e.g., name, email address, or phone number) collected from participants.**
2. Identification and Signature Indicating Agreement

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

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

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

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

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

Should you require further information please feel free to contact the <Principal Investigator>, at the <name of department>, Queen’s University, Kingston, Ontario K7L 3N6, or by email <userid>, or by phone <phone number>.

If you have any ethics concerns please contact the Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (HSREB) at 1-844-535-2988 (Toll free in North America) or HSREB@queensu.ca.