

**Texas Woman's University  
Human Participant Research**

**Confidentiality Agreement**

**Study Title:**

**Protocol/Cayuse IRB #:**

**Principal Investigator (PI):**

I the undersigned, \_\_\_\_\_, hereby agree to the following conditions of confidentiality concerning all information that may be supplied to me by members of the study research team.

- I agree to keep strictly confidential all information that may be communicated to me verbally, in written form, or in any other form.
- I agree to take all precautions necessary to prevent knowledge of this information from reaching any unauthorized parties. I clearly understand that authorized persons are only those persons who are approved members of the research team.
- I will not use any information provided to me for any purpose other than that required by the PI/research team.
- I will not keep any copies, summaries, or transcripts of the confidential documents provided in any form and will return all such documents to the PI/research team upon completion of my duties.

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

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_  
Principal Investigator Signature

Date