

DECLARATION OF NON-DISCLOSURE

I acknowledge that I will have access to confidential information as part of my work with data administered by the _____ . This information includes, but is not limited to, the following: data files, interview transcripts, protocols, reports, draft publications, and data collection instruments. Confidential information may be oral, written, or electronic.

I agree that I shall not disclose to any other person, firm or corporation, any confidential information relating to data administered by _____ , other than for the specific purposes required by my collaboration with _____ . I agree to store all data files on a password-protected computer or secure storage drive.

I also understand that I am required to notify _____ immediately of any breach of my obligations or conflict of interest under this agreement.

By signing and returning a copy of this document to _____ , I confirm my understanding and acceptance of the above clauses and agree to comply with them. I also agree that my obligation to comply with the above will continue following the completion of my association with _____

Name: _____ Position: _____

Signature: _____

Date: _____

Group lead: _____

Signature: _____

Date: _____

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