**research ASSISTANT Confidentiality Agreement**

**Lincoln Memorial University**

**TITLE of Project:**

**NAME of Principal Investigator:**

As a Research Assistant you may learn of, or have access to confidential information. Confidential information is valuable, sensitive and protected by law. The intent of these laws and policies is to assure that confidential information is used only as necessary to accomplish the organization’s mission. You are required to conduct yourself in strict accordance with these laws and policies.

Specifically, you agree to:

1. keep all research information confidential by not discussing or sharing the information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the Principal Investigator;
2. hold in strictest confidence the identification of any individual that may be revealed during the course of performing the research tasks;
3. not make copies of any raw data in any form or format (e.g., disks, tapes, transcripts), unless specifically requested to do so by the Principal Investigator;
4. keep all raw data that contains identifying information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession. This includes:
   * keeping all digitized raw data in computer password-protected files and other raw data in a locked file;
   * closing any computer programs and documents of the raw data when temporarily away from the computer;
   * permanently deleting any e-mail communication containing the data; and
   * using closed headphones if transcribing recordings;
5. give, all raw data in any form or format (e.g., disks, tapes, transcripts) to the Principal Investigator when I have completed the research tasks;
6. destroy all research information in any form or format that is not returnable to the Principal Investigator (e.g., information stored on my computer hard drive) upon completion of the research tasks; and
7. abide by these obligations even when I am no longer affiliated with Lincoln Memorial University.

Research Assistant/s: (complete a block for each person providing assistance including statistical analysis)

Name:

Email:

Telephone Number:

CITI Training Completion Date:

Signature of Research Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Name:

Email:

Telephone Number:

CITI Training Completion Date:

Signature of Research Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Name:

Email:

Telephone Number:

CITI Training Completion Date:

Signature of Research Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Name:

Email:

Telephone Number:

CITI Training Completion Date:

Signature of Research Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Name:

Email:

Telephone Number:

CITI Training Completion Date:

Signature of Research Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_