

Native-Controlling Hypertension and Risk through Technology

Confidentiality Pledge

I, _____ understand that data obtained for participants in research projects are confidential.

I will not reveal to unauthorized persons any participant's name, identifying information, or any other information obtained from participants in the research projects in which I am involved.

I will not allow any persons who are not authorized members of a research project to have access to any information collected from or about the participants.

I will properly store the data forms, computer printouts and other documents in a secure area to protect confidentiality.

I understand that breach of this confidentiality pledge is grounds for termination of my employment or collaboration.

I will return all data to the Principal Investigator or designee when my employment terminates or collaboration ends.

Staff Member

Date

Principal Investigator or designee

Date