

Native Center for Alcohol Research and Education

Confidentiality Pledge

I, _____ understand that all data obtained from all participants of the Native Center for Alcohol Research and Education (NCARE) research projects are confidential.

I will not reveal any identifying information, or any other information obtained from participants of the NCARE research projects in which I am involved (participant name, date of birth, sex, etc.) to any unauthorized persons.

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

I will properly store the NCARE 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.

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

Staff Member

Date

Principal Investigator or designee

Date