Touro University Nevada

Touro University Nevada Institutional Review Board (IRB)

874 American Pacific Dr.

Henderson, NV 89014

702-777-8687

tun.irb@tun.touro.edu

**Addendum 10: Confidentiality Agreement for Transcriber and Research Assistant**

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| --- | --- |
| **Principal Investigator:** |  |
| **Study Title:** |  |

Templates for transcribers (audio, video and digital recordings and data) and research assistants are provided below. For greater than minimal risk studies, a confidentiality agreement is required for transcription and translation of the recordings if the job is done by project personnel such as a student or research assistant, or by professionals hired to do the work. For no more than minimal risk studies, a confidentiality agreement should be considered on a case-by-case basis

Touro University Nevada

**Transcriber’s**

**Confidentiality Agreement**

**Use this template if you are using a transcriber other than yourself. Customize if needed to fit the study.**

Study Title:

Principal Investigator:

I     , the Research Assistant/Transcriber understand that I will be hearing tapes of confidential interviews. The individuals who participated in this research project have revealed the information on these tapes on good faith that the information would remain strictly confidential. I agree to:

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., disks, tapes, transcripts with anyone other than the researcher(s).
2. Keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession.
3. Return all research information in any form or format (e.g., disks tapes, transcripts to the researcher(s) when I have completed the research tasks.
4. After consulting with researcher(s), erase or destroy all research information in any form or format regarding this research project that is not returnable to the researcher(s) (e.g., information stored on computer hard drive).

Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

Transcriber name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This study has been reviewed and approved for human subject participation by TUN IRB. If you have questions or concerns about this study please contact the principal investigator. If you have questions regarding participant’s rights, contact the IRB chairperson at 702-777-8687.

Touro University Nevada

**Research Assistant**

**Confidentiality Agreement**

**Use this template if you are using a research assistant accessing the data for data entry and management**

IRB #:

Study Title:

Principal Investigator:

I     , the Research Assistant understand that I will have access to data for data entry and management that is strictly confidential. The participants who participated in this research project have revealed the information in good faith that the information would remain strictly confidential. I agree to:

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format.
2. Keep all research information in any form or format secure while it is in my possession.
3. Return all research information in any form or format to the researcher(s) when I have completed the research tasks.
4. After consulting with researcher(s), erase or destroy all research information in any form or format regarding this research project that is not returnable to the researcher(s) (e.g., information stored on computer hard drive).

Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

Research Assistant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This study has been reviewed and approved for human subject participation by TUN IRB. If you have questions or concerns about this study please contact the principal investigator. If you have questions regarding participant’s rights, contact the IRB chairperson at 702-777-8687.