**DO NOT DELETE OR ALTER ANY PART OF THIS FORM**

|  |  |
| --- | --- |
| **Principal Investigator:** | [REQUIRED FIELD]  |
| **Study Title:** | [REQUIRED FIELD]  |
| **IRB #:** |  |

|  |
| --- |
| **ADDENDUM: CONFIDENTIALITY AGREEMENT FORM** |

**By signing bellow, you agree to the to the following:**

1. I understand that I will have access to research data for transcription and/or data entry and management that is strictly confidential. The individuals who participated in this research project have revealed the information on good faith that the information would remain strictly confidential.
2. I agree to the following:
* Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., recordings, transcripts, data sets) with anyone other than the researcher(s).
* Keep all research information in any form or format (e.g., recordings, transcripts, data sets) secure while it is in my possession.
* Return all research information in any form or format (e.g., recordings, transcripts, data sets) to the researcher(s) when I have completed the research tasks.
* 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) as described in the non-Exempt application.

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

This study has been reviewed and approved for human subject participation by WSU IRB. If you have questions or concerns about this study, please contact the principal investigator.

**Name:** [REQUIRED FIELD]

**Date:** [REQUIRED FIELD]

**Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**