**PEPPERDINE UNIVERSITY**

***(School Affiliation)***

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| **CONFIDENTIALITY AGREEEMENT** | |

**(INSERT TITLE OF THE STUDY)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, individually and on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of business or entity if applicable], do hereby agree to maintain full confidentiality in regards to any and all documents, audiotapes, videotapes, and oral or written documentation obtained for the purposes of this study. Furthermore, I also agree (where applicable):

1. To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the transcription of any documents, including audio-taped or live oral interviews, or in any associated documents;

2. To not disclose any information received for profit, gain, or otherwise;

3. To not make copies of any documents, audiotapes, videotapes, or computerized files of the transcribed interview texts, unless specifically requested to do so by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[person or organization borrowed from and/or whatever is applicable];

4. To store all study-related documents, audiotapes, videotapes and materials in a safe, secure location as long as they are in my possession;

5. To return all documents, audiotapes, videotapes and study-related documents to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [person or organization borrowed from and/or whatever is applicable] in a complete and timely manner.

6. To delete all electronic files containing study-related documents from my computer hard drive and any backup devices.

I am aware that I can be held legally liable for any breach of this confidentiality agreement and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes, videotapes and/or paper files to which I will have access. I am further aware that if any breach of confidentiality occurs, I will be fully subject to the laws of the State of California.

Principal Investigators name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigators Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_