**Confidentiality Agreement between Researcher and Research Assistant(s)**

**Name of Researcher: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Research Assistant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, the undersigned, acknowledge, understand and agree to adhere to the following conditions of access.

***Insert details of dataset fields and other information to be accessed in course of data collection by the research assistant.***

* I will maintain the privacy and confidentiality of all accessible project data and understand that unauthorized disclosure of personal/confidential data is an invasion of privacy and may result in disciplinary, civil, and/or criminal actions against me.
* I will not disclose data or information to anyone other than those to whom I am authorized to do so.
* I will access data only for the purposes for which I am authorized explicitly. On no occasion will I use project data, including personal or confidential information, for my personal interest or advantage, or for any other business purposes.
* I will comply at all times with the practice’s data security policies and confidentiality code of conduct.
* I am informed that the references to personal, confidential and sensitive information in these documents are for my information, and are not intended to replace my obligations under the Data Protection Act 1998.
* I understand that where I have been given access to confidential information I am  
  under a duty of confidence and would be liable under common law for any inappropriate breach of confidence in terms of disclosure to third parties and also for invasion of privacy if I were to access more information than that for which I have been given approval or for which consent is in place.
* Should my employment be terminated or my work in relation to the project discontinue, for any reason, I understand that I will continue to be bound by this signed Confidentiality Agreement.

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

Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Assistant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Assistant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_