**Institutional Review Board**

**Statement of Confidentiality**

[DATE]

Institutional Review Board

Saint Mary’s University of Minnesota

I, [insert name or signatory], understand that my role as a [role] to assist in the research study [title of study] requires that I maintain the privacy and confidentiality of any and all procedures, participant information, data collected, and analysis related to the study. I will never disclose information about the study to anyone outside of the study staff, understanding that in so doing I risk non-compliance for the study and the principle investigator.

By signing below, I agree to the confidentiality terms for third party persons involved in research studies.

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Signature Date

[Name of Signatory]

[Affiliation/Title]

[Contact Information]

Issued By: [Name of PI/Researcher]