**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 principal 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 Researcher