



OFFICE OF RESEARCH

CONFIDENTIALITY AGREEMENT

Note: Each individual involved must fill out a separate form

I, _____, do affirm that I will faithfully contribute in planning/executing/evaluating/interpreting/translating knowledge on the research project, _____, collaboration with Erie Shores Health Care (ESHC).

I pledge not to divulge or distribute any information I may obtain in participating the research activities. Such information includes but not limited to any documents and written materials that I am exposed to in performing my part.

I understand that I shall not discuss without authorization from ESHC Office of Research any of such information in public or with any third party, unless I am required by law or lawful authorities to do so.

Further, I understand that any action by me that results in the breach of confidentiality, directly or indirectly, may have serious legal consequences, including but not limited to the termination of the partnership agreement with ESHC, complaint to the relevant regulatory bodies, and possible legal actions.

Signature of the collaborating individual

Date

Print name, Title, and name of organization of above-signed