THE CITY UNIVERSITY OF NEW YORK

SUBJECT INFORMATION CONFIDENTIALITY AGREEMENT

Name:_____

Position:_____

I recognize that, in the course of my participation as an investigator, co-investigator, or an agent or contractor of an investigator conducting CUNY human subjects research, I may gain access to subject information, including information about health, mental health, medical care, or payment for health care, that must under law must be treated as confidential and disclosed only under limited conditions. I agree that:

1. I will keep confidential all information to which I gain access that is or can be identified to a particular subject (described in this agreement as "information").

2. I will access and use information only in connection with a research protocol that has received CUNY Institutional Review Board approval, or for reviews preparatory to research for which I have received authority to conduct from the entity or individual maintaining the information.

3. I will not redisclose information except to the extent required by applicable laws, including but not limited to federal laws governing drug and alcohol treatment programs and state laws governing HIV information, or as permitted under the terms of a research subject's written authorization or an IRB's waiver of the authorization requirement.

4. I will not discuss information in public places or outside of work.

5. I will access information only concerning subjects for whom IRB approval has been given, and will not access information for other individuals, except during a review preparatory to research with the approval of the entity or individual maintaining the information.

6. I will take all reasonable and necessary precautions to ensure that the access and handling of information are conducted in ways that protect subject confidentiality to the greatest degree possible. This includes maintaining such information in secured and locked locations.

I understand that it is my obligation and responsibility to maintain the confidentiality of all subjects' information. Improper disclosure or misuse of such information, whether intentional or due to neglect on my part, may be a breach of privacy and/or confidentiality and a violation of federal regulations, which could result in the loss of my continued access to subjects' information or other penalties for myself or my institution.

Signature:_____ Date:_____