**CLINICAL RESEARCH IMPLEMENTATION COMMITTEE**

**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or an appointed designee, will for professional or educational purposes be participating in the review of proposed human subject research on behalf of Vanderbilt University. Regardless of my role, I understand and agree that the information and documentation that I will be exposed to during and related to my participation with the Clinical Research Implementation Committee is confidential. I further acknowledge and agree that I will not, without appropriate authorization, access information that the Clinical Research Implementation Committee considers privileged or confidential, release such privileged or confidential information to anyone outside of the review process neither within nor outside Vanderbilt University, or use such information for unauthorized purposes.

I understand that such authorized purposes include educational discussions or compositions which may describe general aspects of the proposed human subject research and may include specific information regarding the research proposals discussed by the Clinical Research Implementation Committee.

Regardless of my association with the Clinical Research Implementation Committee, I further understand and agree that this confidentiality agreement continues after the end of my affiliation with Vanderbilt University.

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

Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_