

# Transcriber’s Confidentiality Agreement

Title of Study:

Principal Investigator:

Contact phone number:

As a transcribing typist of this research study, I understand that I will be hearing tapes of confidential interviews. The information on these tapes has been revealed by research participants who participated in this project on good faith that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement.

I hereby agree not to share any information on these tapes with anyone except the principal investigator of this project. Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

This acknowledgement is governed by HIPAA as well as other applicable federal, state, university and local laws, rules and regulations.

Signature of Transcribing Typist Date

Printed Name of Transcribing Typist