**RESEARCH ETHICS BOARD**

**PRIVACY AGREEMENT FOR RESEARCH ASSOCIATE**

**This agreement is made between**:

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| Name of Research Associate (R.A.): |  |

(referred to hereinafter as the “R.A.”) **and** Windsor Regional Hospital (referred to hereinafter as the “Institution”).

The R.A. has access to individuals and records containing personal information in the custody or the control of the Institution. The R.A. understands and promises to abide by the following terms and conditions:

1. The R.A. will not use the information obtained from individuals or from the records for any purpose other than the following research purpose unless the R.A. has the institution’s written authorization to do so: (Describe the research purpose below).

The R.A. will only use this information for the purpose of the following study:

**Title:**

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**Purpose:**

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**Principal Investigator:**

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1. Subject to applicable privacy regulations/legislation, the R.A. will give access to personal information in a form in which the individual to whom it relates can be identified only to the following persons: **(Name the person(s) below)**

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1. The R.A. will keep the information in a physically secure location to which access is given only to the R.A. and to the persons mentioned above.
2. The R.A. will not contact any individual to whom personal information relates, directly or indirectly without the prior written authority of the Institution.
3. The R.A. will ensure that no personal information will be used or disclosed in a form in which the individual to whom it relates can be identified without the written authority of the Institution.
4. The R.A. will notify the Institution in writing immediately upon becoming aware that any of the conditions set out in this agreement have been breached.

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| Name and Address of Research Associate: |  |
| Signature of Research Associate: |  |
| Date: |  |
| Telephone: |  |
| Facsimile: |  |
| Email: |  |

**This Area REO Use**

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| Name of Representative of Institution: |  |
| Position of Representative of Institution: | Research Ethics Board Administrator |
| Signature of Representative of Institution: |  |
| Date: |  |