**RESEARCH ETHICS BOARD**

**PRIVACY AGREEMENT FOR RESEARCHER**

**This agreement is made between**:

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| **Name of Researcher:**  |  |

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

The Researcher has requested access to personal information (directly, observation, health records, etc.) in the custody or the control of the institution. The researcher understands and promises to abide by the following terms and conditions:

1. The Researcher will not use the information for any reason other than the following research purpose unless the researcher has the institution’s written authorization to do so: (Describe the research purpose below).

The Researcher will only use this information for the purpose of the following study:

**Title:**

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**Purpose:**

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1. Subject to applicable privacy regulations/legislation, the Researcher will give access to personal information in a form in which the individual to whom it relates can be identified only to the Research Associates listed below. It is also understood that Sponsor Monitors and auditors will require access to records from time to time.

**Research Associate Name(s):**

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1. Before disclosing personal information to persons mentioned above, the Researcher will enter into an agreement with those persons to ensure that they will not disclose it to any other person.
2. The Researcher will keep the information in a physically secure location to which access is given only to the Researcher and to the persons mentioned above.
3. The Researcher will destroy all source data in the information by:

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1. The Researcher will ensure that personal information will not 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.
2. The Researcher 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 Researcher: |  |
| Signature of Researcher: |  |
| Date: |  |
| Telephone: |  |
| 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: |  |