

# Human Subject Confidentiality Waiver Agreement

This Confidentiality Waiver Agreement ("Agreement") is made by and between:

Participant Name: \_\_\_\_\_

Study/Project Title: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

## 1. Purpose

The purpose of this Agreement is to document the voluntary waiver of confidentiality by the participant for the use of information and data collected as part of the aforementioned study, in accordance with applicable laws and regulations.

## 2. Description of Information Disclosed

The participant understands that the following information may be disclosed:

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## 3. Waiver of Confidentiality

The participant hereby waives their right to confidentiality, permitting the release of the specified information for the purposes outlined in the study. This waiver is provided voluntarily and with full understanding of its implications.

## 4. Duration

This waiver remains in effect for the duration of the study or until revoked in writing by the participant, subject to any limitations required by law or regulation.

## 5. Acknowledgment

By signing below, the participant acknowledges that they have read, understood, and voluntarily agree to the terms of this Confidentiality Waiver Agreement.

Participant Signature:

Date:

Investigator Signature:

Date: