

Sample Research Study Confidentiality Waiver Form

Study Title

Enter study title here

Principal Investigator

Enter investigator's name

Purpose of Waiver

By signing this form, you indicate your understanding and consent to waive the confidentiality requirements associated with your participation in the research study specified above.

Details of Confidentiality Waiver

- I understand that my identity and/or information may be disclosed as described in this study.
- I have been informed of the risks and benefits associated with this waiver.
- This waiver is voluntary and I may revoke it at any time by notifying the research team in writing.

☐ I have read and understood the information above, and I voluntarily agree to waive confidentiality for this research study.

Participant Information

Name

Enter your name

Email (optional)

Enter your email

Date

Signature