

Standard Participant Confidentiality Waiver for Studies

This confidentiality waiver (â€œWaiverâ€) is entered into between the undersigned participant (â€œParticipantâ€) and the study organizer(s) (â€œResearch Teamâ€) in relation to participation in the following study:

Study Title: _____

Principal Investigator: _____

1. Purpose

The purpose of this Waiver is to outline the extent to which participant confidentiality will be maintained as part of this study and to document the participantâ€™s informed consent to these terms.

2. Confidentiality

The Research Team is committed to protecting your privacy. All information collected in connection with this study will be kept as confidential as possible, subject to applicable laws, regulations, and institutional policies.

Records that identify you will be kept confidential to the extent permitted by law. Study findings may be published or presented, but will not include any information that could identify you as a participant.

3. Limits to Confidentiality

There may be circumstances where confidentiality cannot be guaranteed, including in cases where required by law or regulation (e.g., disclosure of harm to self or others, or court orders).

By signing below, you acknowledge these potential limitations.

4. Voluntary Participation

Your participation in this study is voluntary. You may withdraw at any time without penalty or loss of benefits to which you are otherwise entitled.

5. Consent

By signing below, you acknowledge that you have read and understand the information above, have had the opportunity to ask questions, and voluntarily agree to participate in this study under the conditions described.

Participant Name (printed): _____

Participant Signature: _____

Date:

Research Team Member: _____

Date: