



**CONFIDENTIALITY PLEDGE**

In consideration of my employment with the University of Utah, or in consideration of my access to medical records, abstracts, and computer printouts located at the Utah Cancer Registry (collectively "UCR Records"), I have read any applicable Research Policy and Procedures between UCR and investigators, and I agree:

1. To maintain strict confidentiality in all matters related to the knowledge or use of UCR Records provided; I may publish or otherwise disclose information obtained from such records and documents in a manner that does not permit identification of the patients or their families whose records were used, or the patient's physician or hospital, in connection with the Study listed below but for no other purpose:

Study Title: \_\_\_\_\_  
 Institution (if not University of Utah): \_\_\_\_\_  
 IRB Number: \_\_\_\_\_

2. Not to disclose my UCR user number and password and not to provide access to UCR Records to any unauthorized persons.
3. To indemnify, defend and hold UCR harmless from any causes of action or liability arising or alleged to arise from my failure to comply with any provisions of this UCR Confidentiality Pledge.
4. Not to remove any document containing information from UCR records which would identify patients, physicians or hospitals from the UCR office unless I have obtained the prior written consent of the UCR Director.
5. To destroy all individual identifiers associated with UCR Records or information in UCR Records which identify a patient, physician, or hospital which is in my possession by virtue of my access to UCR Records as soon as the purposes of the research for which I have been given access to UCR information have been accomplished and to notify UCR to this effect in writing.
6. To comply with the provisions of Utah Laws regarding confidentiality of individually identifiable medical records.

It is my understanding that a violation of any disclosure restrictions is a gross misdemeanor and may result in a civil penalty. ***I understand that access to UCR data expires when the above listed study is complete or when my employment/involvement on the study is terminated.***

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

**\*Attach CITI, NIH, or VA Human Subjects Training certificate to this document.**