

HSRB Number Assigned by ADHS: _____

CONFIDENTIALITY STATEMENT
(To be signed and returned with your submission to the HSRB)

Name of Project: _____

We/I, _____, the Principal Investigator, and _____, the undersigned researchers for the above-referenced project, agree to abide by Arizona Revised Statutes to protect the confidentiality of the data provided and the privacy of the human subjects under this study. These statutes and rules prohibit the following:

1. Disclosure in published results of the study or in communication with others of the name, address, or any other personally identifiable information of any individual identified on a vital record or other record provided by the Department;
2. Contact with any individuals named on a vital record or other record provided by the Department without prior permission from the State Registrar;
3. Delivery of confidential information to other persons not identified specifically in the submission to the HSRB as being connected with the study; and
4. Use of vital record information or other records provided by the Department in any way that may violate the privacy of any individual named on a vital record or other record provided by the Department or cause embarrassment to the registrant or the registrant's family.

After the HSRB approves a submission, any requests for ADHS-maintained data must be signed by an individual who signed the Confidentiality Statement.

ACKNOWLEDGEMENT:

We/I understand the above requirements and agree to maintain the confidentiality of the vital records, records which have been provided by the Department, or other data related to the above project by appropriately protecting all electronic and paper data during the conduct of the project, as described in the submission.

We/I agree to destroy all personally identifiable information provided by ADHS or derived from information provided by ADHS upon completion of the study, as described in the submission. We/I further agree to submit to ADHS through the Human Subjects Review Board (HSRB), immediately upon the conclusion of the project and the destruction of records, a written statement setting forth the specific date and the method of destruction used to destroy the vital records or other ADHS-provided records (Certificate of Destruction Form).

We/I understand that for a project using personally identifiable information, a request must be submitted to the HSRB for another review at least 30 days before: a change in the protocol for the project is implemented, the data is modified in any way, or the expiration of the HSRB's approval period. If the personally identifiable information provided by ADHS is to be kept for more than 5 years from the date of the HSRB's approval, the project must be re-submitted to the HSRB for another review/approval.

We understand that ADHS and/or the program providing the confidential information retain the right to review any report prior to dissemination to ensure that confidentiality has been protected.

Violators may be subject to other legal actions.

Typed Name of Principal Investigator	Title/Position of the Principal Investigator
--------------------------------------	--

Signature	Date
-----------	------

Typed Name of Researcher	Title	Signature	Date
--------------------------	-------	-----------	------

Typed Name of Researcher	Title	Signature	Date
--------------------------	-------	-----------	------

Typed Name of Researcher	Title	Signature	Date
--------------------------	-------	-----------	------

Typed Name of Researcher	Title	Signature	Date
--------------------------	-------	-----------	------