

**Transcriber Non-Disclosure Agreement**

IRB #:

Study Title:

Principal Investigator:

Principal Investigator Email:

I \_\_\_\_\_\_\_\_\_\_\_\_\_, the Transcriber, understand that I will be hearing recordings of confidential interviews. The individuals who participated in this research project have revealed the information on these recordings on good faith that the information would remain strictly confidential.

As a third-party transcriber, I agree to:

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., files, tapes, transcripts) with anyone other than the researcher(s) during or after the research project.
2. Keep all research information in any form or format (e.g., files, tapes, transcripts) secure while it is in my possession.
3. Return all research information in any form or format (e.g., files, tapes, transcripts to the researcher(s) when I have completed the research tasks.
4. After consulting with researcher(s), erase or destroy all research information in any form or format regarding this research project that is not returnable to the researcher(s) (e.g., information stored on computer hard drive).

Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

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Transcriber Signature Date

Print name

This study has been reviewed and approved for human subject participation by CPP IRB. If you have questions or concerns about this study please contact the principal investigator. If you have questions regarding participant’s rights, contact the IRB at (909) 869-3713.