**In my role as transcriptionist I agree to maintain full confidentiality in regards to any and all recordings and documents related to this research study.** Furthermore, I agree:

1. To hold in strictest confidence the identification of any individual involved with this study.
2. To make copies of research materials only if specifically requested to do so by the primary investigator.
3. To store all research materials in my possession safely, securely, and confidentially.
4. To return all research materials to the primary investigator in a complete and timely manner.
5. To securely destroy all copies of research materials in my possession after I have retrned the originals to the primary investigator.

I am aware that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the research materials to which I will have access.

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Printed Name of Transcriptionist Signature of Transcriptionist**

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Title of Research Project**

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Printed Name of Researcher Signature of Researcher**

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Date**