Appendix X

**Research Assistant Confidentiality Agreement**

Study: [title of study]

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of research assistant], agree to assist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of primary investigator], with this study by handling videos and transcribing the content of videotaped sessions with participants. I agree that I will:

1. Keep all research information shared with me confidential by not discussing or sharing the information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the primary investigator of this study;
2. Keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession. This includes:
	* keeping all transcript documents and digitized interviews on specified lab computers and files;
	* closing any transcription programs and documents when temporarily away from the computer;
	* keeping all printed transcripts in a secure location such as a locked file cabinet; and
	* permanently deleting any e-mail communication containing the data;
3. Give all research information in any form or format (e.g., disks, tapes, transcripts) to the primary investigator when I have completed the research tasks;
4. Erase or destroy all research information in any form or format that is not returnable to the primary investigator (e.g., information stored on my computer hard drive) upon completion of the research tasks.

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Signature of the research assistant Date

Mailing Address:

Email:

Phone Number:

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Signature of the primary investigator Date

**Dr.**

**Mailing Address:** Department of , StFX University,

PO Box 5000, Antigonish NS, B2G 2W5

**Phone:** **Email:**

Once available, forward a copy of the signed confidentiality agreement to reb@stfx.ca