**Assurance of Research Confidentiality Form – Transcription**

We are firmly committed to the principle that research confidentiality must be protected and to the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College Institutional Review Board. In the service of this commitment:

Transcribers for this research project who will have access to private interviews will sign this confidentiality agreement.

* This transcriber should be aware that the **identity of participants and the content of their interviews are** **confidential**. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study and the hypotheses being tested are also confidential.
* The researcher for this project, *(name of investigator)* is responsible for 1) ensuring that the transcriber who works with the project is instructed on procedures for keeping all data related to this study confidential (this includes participant’s identities, identifying features, and the content of their interviews), and 2) ensuring that the transcriber has signed this pledge.
* At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

**PLEDGE:**

I agree to maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to this information, except directly to the researcher, *(name of investigator)* - for this project.

I understand that, according to Federal Regulations, violation of this pledge is sufficient grounds for disciplinary action, including termination of data analysis services with the project, and may make me subject to criminal or civil penalties.

I pledge that I will follow this assurance of confidentiality.

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*Signature of Transcriber*                                                                    *Date*

                                                    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed Name of Transcriber*

                                                            \_\_\_\_\_\_\_\_\_\_\_

*Signature of Investigator Date*