

**PHARMACEUTICAL RESEARCH COMPUTING (PRC)
PHARMACEUTICAL HEALTH SERVICES RESEARCH (PHSR)
SCHOOL OF PHARMACY, UNIVERSITY OF MARYLAND**

CONFIDENTIALITY STATEMENT

I, _____ (Name) understand that I am working with confidential information derived from the _____ (Data source/Data set name) for the _____ (Study Name/Class Title). Unauthorized use or disclosure is subject to legal penalties. I understand that I am responsible for protecting the confidentiality of information pertaining to the study.

I also understand that this information may be used only for purposes directly related to the project named above and that no person who is not expressly authorized may have access to this information without prior written approval from the Principal Investigator, _____ (PI Name/Course Master).

By signing this document, I agree to terms described herein and acknowledge that I have reviewed and will abide by the Good Research and Data Security Practices outlined by PHSR.

Signature

Title

Institute or Organization

Date

Revised 3/10/17