

Sparrow Health System
Institutional Research Review Committee
Office of Research Oversight and Compliance
1215 E Michigan Avenue, Lansing, MI 48912
Phone: 517.364.2150 Fax: 517.364.2763 E-mail: irrc@sparrow.org

To: (IRB Member)
(Address)
Date (today's date)

CONFIDENTIALITY AGREEMENT

I understand and agree that information disclosed orally or in written form or discussed at the meeting may include confidential information that is proprietary to commercial entities sponsoring the proposed research and/or involves the privacy rights of individuals.

I agree that I will not disclose or divulge in any manner any confidential or private information revealed at the meeting in any form or manner to any third party for any purposes whatsoever. "Confidential or Private Information" as used in this Agreement shall not include:

1. Information or knowledge in my possession prior to disclosure at the IRB meeting, or from the Sparrow Health System;
2. Information generally available to the public or thereafter becomes generally available to the public through a source other than the Sparrow Health System's IRB;
3. Information that was rightfully obtained by me from a third party, who, I believe, is under no obligation of confidentiality to the Sparrow Health System's IRB with respect to such information.

Acknowledged and Agreed:

Signature _____

Date _____

Printed Name _____