

**NON-LDH RESEARCHER: CONFIDENTIALITY ASSURANCE STATEMENT
FOR USE OF VITAL RECORDS INFORMATION FOR RESEARCH**

This form must be read and signed by all persons with access to Vital Records procured for this project.

I, _____, agree to the following:

1. Any identifying information obtained from Vital Records under this confidentiality assurance will be held in strictest confidence. The strictest procedures will be followed to protect Vital Records information from unwarranted disclosure and to protect the privacy of study subjects and their families.
2. No data that can lead to identification of an individual will be published or disclosed unless authorized in writing by the Vital Records Review Panel. Results of research using Vital Records information will be published only in the aggregate and no individual registrant will be identified.
3. No family, physician or hospital follow-up will be done without written approval of the Vital Records Review Panel.
4. Hardcopy records are not to be shared or duplicated without prior written approval from the Vital Records Review Panel. Electronic records are not to be shared with any other individual, program, or agency without prior written approval from the Vital Records Review Panel.
5. Hardcopy records are to be stored in secured locations. Electronic records containing identifiers (i.e., name, address, social security number) are to be stored on one secure computer. A backup diskette, data tape, or CD may be maintained in locked storage.
6. Information that allows identification of an individual will be removed or destroyed at the earliest time that is consistent with the purpose of the study.
7. Vital event records and data acquired through this agreement will be destroyed at the conclusion of the research project.

I understand that unauthorized disclosure of vital records information violates LAC48:V.17709 and LSA R.S. 40:3.1, and that the penalty for such violation as provided in LSA R.S. 40:61B3 is a fine of not more than one thousand dollars or imprisonment for not more than one year, or both.

Signature and Title of Applicant

Name of Applicant (Typed or Printed)

Date

Institution/Organization

Telephone Number

E-Mail Address