Hazelden Betty Ford Foundation

Butler Center for Research

RESEARCH CONFIDENTIALITY AGREEMENT

I certify that I have been authorized by the Hazelden Betty Ford Foundation (HBFF) Research Action Team and Privacy Board (RAT/PB) to conduct research using patient medical records. I am aware of and agree to the following:

1. Only those patient records and portions of the records pertinent to the research project will be reviewed.

2. Unless otherwise authorized, patient medical records will be viewed on-site at HBFF in a pre-arranged location. Records are to be maintained in a locked cabinet or room, and returned to the pre-arranged location each day.

3. Patient identifying information will not be taken off-site or used in any research papers or reports prepared by the researcher. Patients identifying information includes but is not limited to patient name or location and patient history number.

4. I will not in any way or form disclose patient identifying information to anyone other than back to the program from with the information was obtained. I am aware that drug and alcohol patient records and information are protected by federal law (42 CFR Part 2). Violation of confidentiality (including, but not limited to, disclosing the presence of a patient within the facility) is subject to a fine of $500 in the case of a first offense and fines of up to $5000 for each subsequent offense.

This agreement is in effect for the duration of the research project, and the requirements for maintaining confidentiality of patient information remain in effect beyond the close of the research project.

_____ _____
Signature of Researcher Date

_____
Researcher Name (please print)

_____
Researcher Organization/Institution (please print)

_____ _____
Signature of RAT/PB Chairperson Date