

Patient Confidentiality Agreement for Research Studies

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are conducting a research study titled "[Insert Study Title]" which aims to [Insert brief description of the research objective]. Your participation is invaluable to this study.

As part of your involvement, we are committed to ensuring the confidentiality of your personal health information. This agreement serves to confirm our mutual commitment to confidentiality.

Confidentiality Agreement

1. Information Protection: All personal information collected during the study will be kept confidential and will only be used for research purposes.
2. Data Access: Only authorized personnel involved in the research project will have access to your data.
3. Anonymity: Any publication or presentation resulting from this study will not include any identifiable information.
4. Right to Withdraw: You have the right to withdraw from the study at any time without any impact on your current or future care.

By signing below, you acknowledge that you have read and understood the terms of this confidentiality agreement and agree to participate in the research study.

Patient Signature

Date: _____

Thank you for your valuable participation.

Sincerely,

[Researcher's Name]
[Researcher's Title]
[Institution Name]
[Contact Information]