

**ACCESS TO HRCC RESOURCES
STATEMENT OF CONFIDENTIALITY**

I hereby swear that I, _____ (print name) will forever regard as, and maintain strictly confidential and secret, and except to those authorized and bound by the confidentiality statement, will not disclose to any person, firm, corporation, entity or otherwise publish, information managed by, or under the control of the Huntsman Cancer Institute High-Risk Cancer Clinics.

I will notify the High-Risk Cancer Clinics Manager immediately (not to exceed 24 hours) of any disclosure or suspected disclosure, whether mine or anyone else's, whether intentional or accidental.

I understand and agree that maintaining the confidentiality of High-Risk Cancer Clinics data is an essential aspect of my investigator agreement with Huntsman Cancer Institute, and a violation of this confidentiality statement will result in a material breach of contract by me, and I may be subjected to appropriate disciplinary actions, civil damages, and criminal prosecution under Utah laws.

By signing below, I acknowledge that I have read and understand the above statement.

Signature

Date

Witness' signature

Date