

**CONFIDENTIALITY AGREEMENT AND**

**COMPLIANCE WITH STANDARDIZED NETWORK POLICIES**

All individuals with **any** access to National Dental Practice-Based Research Network (National Dental PBRN) data must complete this National Dental PBRN Agreement. This includes, but is not limited to, the following groups of individuals:

* National Network Director (NND) and staff
* Administrative Regional Center (ARC), including Node Directors, Regional Node Coordinators, and administrative staff
* Network Coordinating Center (NCC) staff, including project management, protocol development, regulatory, IT, data entry, data management, data analysis, and administrative staff
* Committee, group, and panel members
* Study Principal Investigators, co-Investigators, and network consultants

Each individual with access to National Dental PBRN data must read, sign, and date this Agreement and retain the original copy. A copy of the completed Agreement should be forwarded to the NCC.

Directors are responsible for ensuring that all individuals at the NND, RAS, and DCC who are currently affiliated or who become affiliated in the future with the National Dental PBRN sign this Agreement. The NCC Project Manager is responsible for ensuring that all other individuals (e.g., committee, group, and panel members; Study Principal Investigators, co-Investigators, and network consultants) who are currently affiliated or who become affiliated in the future with the National Dental PBRN sign this Agreement.

**NATIONAL DENTAL PBRN MEMBER**

**CONFIDENTIALITY AND POLICIES AGREEMENT**

As a member of the National Dental Practice-Based Research Network (National Dental PBRN) funded by the National Institute of Dental and Craniofacial Research (NIDCR), I am aware of the confidential nature of the data (“confidential data”) maintained by the network, and the necessity to protect such data from unauthorized use or disclosure. Confidential data may include, without limitation, individually identifiable information or protected health information subject to the requirements of the Privacy Act of 1974, Health Insurance Portability and Accountability Act (“HIPAA”), and the Health Information Technology for Economic and Clinical Health Act (“HITECH” Act). Confidential data also include all data collected as part of a Network study, whether or not the data are individually identifiable, and all information contained in the Practitioner Database.

I agree not to **transfer** or **disclose** any confidential data, except as necessary for data/safety monitoring or programmatic management in the course of my responsibilities as a member, either during or after my affiliation with the National Dental PBRN. I agree not to transfer **any** National Dental PBRN data to individuals outside the National Dental PBRN without the written permission of the National Network Director. Further, I agree to return all National Dental PBRN data to the applicable regional center, transfer the National Dental PBRN data to my assigned replacement, or delete/destroy all National Dental PBRN data upon termination of my affiliation with the network, as directed by the National Network Director.

I have read in its entirety and agree to abide by the network’s “Data Analysis, Publications, and Presentations Policies” document. I acknowledge that the current version of this policy is kept at the network’s public web site at <http://nationaldentalpbrn.org/publications.php>.

I understand that in keeping with fundamental principles of multi-center research, I agree to use the standardized questionnaires and case report forms provided by the Coordinating Center for all network studies, and only those questionnaires and forms.

I have read, understand, and promise to comply with this National Dental PBRN Agreement. I will keep confidential all data to which I may gain access as a National Dental PBRN member. I will not discuss, disclose, disseminate, or provide access to such data except as authorized by this Agreement. In addition, I will comply with any policies and procedures established by the Institutional Review Board for my region. I understand that violation of the privacy rights of individuals through such unauthorized discussion, disclosure, dissemination, or access may make me subject to criminal or civil penalties.

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role in the National Dental PBRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_