



CONFIDENTIALITY AGREEMENT
FOR REMOTE MONITORING OF CLINICAL RESEARCH
View-Only Access to Document Sharing Platforms*

I, _____, have been advised that, as a part of my work as a clinical research study monitor, I may be exposed to certain information (verbal, written, electronic) that is sensitive, confidential and potentially subject to one or more legally recognized privileges and/or nondisclosure and confidentiality requirements.

I understand that UK HealthCare could be significantly harmed if the information I receive was disclosed. In consideration of receipt of said information and as a condition of my role as a clinical research study monitor, I agree to maintain all information I receive in strictest confidence and abide by any and all confidentiality and nondisclosure requirements. I agree that I will not download, print or copy any information that I remotely access through document sharing platforms to which I am granted view only access.

I understand that I may be subject to legal liability if I breach the requirements of this Agreement.

Signature _____

Printed Name: _____

Date: _____

*If requesting access to remotely monitor and view electronic medical records, access is granted through the UK HealthCare Provider Portal.