

## Confidentiality Undertaking for Research Projects

You have requested access to information to be used for your research project (the “**Project**”) and it may contain Vancouver Coastal Health Authority (VCH) patient/client/staff personal information. The collection, use and disclosure of personal information of individuals of VCH are governed by the BC *Freedom of Information and Protection of Privacy Act* (FIPPA). Under FIPPA, it is not permitted to view or access any information that is not required as part of the approved requirements for this Project by the applicable Research Ethics Review Board. Access to confidential or Personal Information (as defined below) is permitted only on a ‘need to know’ basis and limited to the minimum amount of confidential or Personal Information necessary and approved to accomplish this Project (“**Project Information**”).

As a condition of my access to Project Information that is directly accessed or extracted from a database or other source, I acknowledge and agree to the following:

- I confirm that approval of Vancouver Coastal Health Research Institute (VCHRI) and the appropriate Research Ethics Review Board(s) will have been obtained for the Project prior to starting the Project. I understand that a condition of VCHRI approval is agreement to comply with the terms of initial Research Ethics Board Approval and any subsequent terms, as amended from time to time.
- I will access, use and disclose (where permitted) only the minimal amount of “personal information”, as defined in the BC *Freedom of Information and Protection of Privacy Act* (FIPPA) (“**Personal Information**”), necessary for the performance of my duties in connection with the Project.
- If accessing or extracting Project Information from a database, I will only disclose Project Information to individuals who are identified as members of the research team in the Research Ethics Board application or Data Access for Research Project(s) Application Form (the “**Research Team**”) and who have also signed a Confidentiality Undertaking in the same form to this Undertaking.
- I will not disclose any Project Information in personally identifiable form to anyone who is not a member of the Research Team, including in any publication or report containing the results or findings of the Project.
- I will not use the Project Information for the purpose of contacting the individuals to whom the information pertains to participate in the Project or other research, except as approved by the Research Ethics Board or unless the individual has provided written consent.
- I will adhere to the applicable Vancouver Coastal Health Authority (VCH) Information Privacy and Confidentiality Policy and related policies as amended from time to time, concerning the collection, use and disclosure of Personal Information in connection with the Project.
- I will at all times comply with FIPPA and will take reasonable security precautions to protect the Project Information against unauthorized access, collection, use, disclosure or disposal.
- When accessing a VCH database for purposes of the Project, I will comply with any policy, terms of use, confidentiality undertaking or other agreement governing my access to and audit of my access to this database.
- Where Project Information has been provided to me in de-identified form, I will not link the Project Information with other information in a manner that allows for the re-identification of individuals, except as required for the Project and approved by the Research Ethics Board, and VCH Legal Services as appropriate.
- I will immediately report to VCH Information Privacy Office any loss or potential or actual unauthorized disclosure of Project Information.
- After the applicable record retention period has passed, I will promptly destroy all copies of the Project Information or certify as to its destruction, at the direction of VCH.
- I understand that compliance with this Undertaking is a condition of my access to the Project Information and that failure to comply may result in immediate termination of my right to access or possess such information in addition to legal action by VCH.

**I have read and agree to comply with the terms stated above.** (All research team members must sign this form.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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