

# Data Privacy & Confidentiality Ethics Form

Full Name

Position / Role

Department / Organization

Project / Study Title

Type of Data Involved

Who will have access to the data?

How will the data be stored and secured?

Will data be shared with third parties? If yes, describe how safeguards will be ensured.

How long will the data be retained?

Consent Obtained?

☐

Yes

☐

No

Describe methods to ensure confidentiality and privacy.

Potential risks to data privacy and how they will be mitigated.

By signing below, I confirm that I understand and will comply with data privacy and confidentiality requirements.