



OKLAHOMA WESLEYAN
UNIVERSITY

TRANSCRIBER CONFIDENTIALITY AGREEMENT

[Insert Title of Study]
[Insert IRB log number when assigned]

I, **[name of transcriber]**, agree to transcribe data for this study. I agree that I will:

1. Keep all research information shared with me confidential by not discussing or sharing the information in any form or format (e.g., disks, tapes, transcripts) with anyone other than **[name of researcher/s]**, the researcher/s on this study;
2. Keep all research information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession. This includes:
 - using closed headphones when transcribing audio-taped interviews;
 - keeping all transcript documents and digitized interviews in computer password-protected files;
 - closing any transcription programs and documents when temporarily away from the computer;
 - keeping any printed transcripts in a secure location such as a locked file cabinet; and
 - permanently deleting any e-mail communication containing the data;
3. Give all research information in any form or format (e.g., disks, tapes, transcripts) to the primary investigator when I have completed the research tasks;
4. Erase or destroy all research information in any form or format that is not returnable to the primary investigator (e.g., information stored on my computer hard drive) upon completion of the research tasks.

Signature of transcriber

Date

Signature of principal investigator

Date