**RESEARCH ETHICS BOARD – PRIVACY ACKNOWLEDGEMENT BY PRINCIPAL INVESTIGATOR**

|  |
| --- |
| **REB#:** Click here to enter text.  **TITLE OF STUDY:** Click here to enter text.  **PRINCIPAL INVESTIGATOR:** Click here to enter text. |

In signing below, I hereby acknowledge the provisions of the Personal Health Information Protection Act 2004 (Ontario). I will respect the personal health information collected, used or disclosed about all individuals relating to this research project, and will:

* Only use the information for the purposes set out in the approved research plan;
* Not publish the information in a way that could identify the research participant;
* Ensure that all staff under my direction are qualified to access the personal health information, and;
* Notify the Royal’s IMHR Research Ethics Board office if I become aware of any breach of confidentiality

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I confirm to the best of my knowledge that the information provided above is accurate and true.*

*I agree to conduct this trial as per the Tri-Council Policy Statement (TCPS-2), the ICH Good Clinical Practice Guidelines (GCP), and all other regulatory guidance that may be applicable to this study including the Health Canada Division 5 Food & Drug regulations, Natural Health Product regulations, Division 3 Radiopharmaceutical regulations and the Health Canada Medical Device regulations, as well as all institution specific policies and procedures.*

**Qualified/Principal Investigator Name (typed):** Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualified/Principal Investigator Signature** **Date of Signature:** Click here to enter a date.

***You must keep a copy of this completed form for your study file***