



## Procedures to Maintain Confidentiality of CRGC Data

### Appendix 5

**The Recipient Institution and Principal Investigator agree to protect the confidentiality and security of CRGC data.**

1. Describe where the CRGC data will be physically located, including the number of servers (if applicable). Please indicate the number of computers, laptops, and other electronic devices that will have access to the data.
2. List all names of individuals that will have access to the CRGC data as a part of this study. All individuals accessing this data must have a signed Data Confidentially Agreement on file with CRGC (Appendix 3).

3. Please describe how your organization will ensure access to the CRGC data and how it will be restricted to the authorized personnel with signed Data Confidentiality Agreements listed in Section 2.
4. Describe the length of time of this study, in years and months. (CRGC data is not to be used outside of the study time frame.)

5. If applicable, describe the Institutional Security Plan and/or Disaster Recovery Plan for the treatment of the CRGC data.

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**Principal Investigator, Printed Name and Title**

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**Signature**

**REMINDER: DO NOT EMAIL ANY PATIENT IDENTIFIERS.**