|  |
| --- |
| **Put this agreement on the Letterhead of the Institution Releasing the Information / Specimens**  |

DO NOT ASK /DO NOT TELL AGREEMENT

Provider of Information and/or Biospecimens:

For the project titled [*insert title*] I, [*insert name of person providing information/specimens*] I will send coded [*insert accordingly: information and/or biospecimens*] to *[insert name of individual recipient(s)*] at [*insert name of recipient’s institution*]. No HIPAA identifiers will be released. The code will not be derived from any HIPAA identifiers or from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual. I will not use or disclose the code or other means of record identification for any other purpose and will not disclose the mechanism for re-identification. As such I will never release to the recipient(s) the key to the code that links this information back to an individual from whom it came; thus the information is de-identified to the recipient(s).

**Signature:**

**Date:**

Recipient of Information and/or Biospecimens:

The provider of the [*insert accordingly: information and/or biospecimen*] will never be asked to provide the key to the code which could link the coded information back to the individual from whom it came; thus rendering the information de-identified to the recipient(s); and no other efforts will be made by the recipient(s) to re-identify the [*insert accordingly: information and/or biospecimen*].

**Printed Name of Recipient (s):**

**Name of Recipient’s Institution:**

**Recipient(s) Signature(s)**:

**Date**: