

The Freedom of Information and Protection of Privacy Act of Manitoba

AGREEMENT FOR THE PROTECTION OF PERSONAL INFORMATION FOR RESEARCH PURPOSES

This agreement is used once a proposal to access personal information for research purposes has been approved. Once the researcher has signed this form and the terms and conditions of access have been approved by the Winnipeg Regional Health Authority ("WRHA"), it becomes a legal agreement between the researcher and the WRHA. The application must be appended to this agreement and forms part of the legal agreement.

The collection of the information on this form is authorized by the *Act* and will be used only to administer the research project. Katherine Choptain, Chief Privacy Officer, WRHA, can answer any questions about this agreement or the collection of the information on this form.

Identification of Researcher

Name (last name/first name/initials)

Address: _____ Telephone: _____

_____ Fax: _____

_____ E-mail: _____

Title of Research Proposal: _____

WRHA Reference Number of Research Proposal: _____

Please provide the following additional information if applicable:

Institutional Affiliation and/or Department: _____

Position: _____ Academic Advisor (if student): _____

1. The researcher has requested access to the following records that contain personal information and are in the custody or under the control of the WRHA.
(Describe the records below)

_____ (the "records")

2. The researcher agrees to the following terms and conditions:

- a) not to publish the personal information requested in a form that could reasonably be expected to identify the individuals concerned.
- b) to use the personal information requested solely for the purposes of the approved research project;
- c) to destroy the information or remove all identifying information at the earliest opportunity consistent with the purpose of the project.

- Specify when identifying information will be destroyed: _____

● Specify procedures to destroy identifying information: _____

- d) to use reasonable safeguards to protect the confidentiality and security of the personal information:

- Specify safeguards: _____

3. The WRHA agrees to grant access to the records on the terms and conditions set out in paragraph 2.

Signed at: _____ this _____ day of _____, 20 _____

Signature of Principal Investigator

Signature of Head or designate under FIPPA