

**Attachment B
Privacy Pledge**

Pledge of Privacy

I have read and understood the policies on the security and privacy of the information collected for The Computer-Based Women's Health Screening Study in Obstetrics and Gynecology Clinics. These policies are detailed in the electronically stored IRB approved Study Protocol.

I understand that all data and information to which I may have access is private and is not to be communicated to anyone in any manner, except as outlined in the policies.

I have been made aware of the possible consequences of any intentional or unintentional breach of the Security and Privacy Policy.

Printed Name _____

Signed Name _____

Date _____