

Form 5
Agreement
Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Clause 29(d)

This agreement is made between _____ (*name of researcher*), referred to below as the researcher, and _____ (*name of public body*), referred to below as the public body.

The researcher has requested access to the following records that contain personal information and are in the custody or under the control of the public body: (*Describe the records below*)

The researcher understands and promises to abide by the following terms and conditions:

1. The researcher will not use the information in the records for any purpose other than the following research purpose unless the researcher has the public body's written authorization to do so: (*Describe the research purpose below*)

2. The researcher will give access to personal information in a form in which the individual to whom it relates can be identified only to the following persons: (*Name the persons below*)

3. Before disclosing personal information to persons mentioned above, the researcher will enter into an agreement with those persons to ensure that they will not disclose it to any other person.

4. The researcher will keep the information in a physically secure location to which access is given only to the researcher and to the persons mentioned above.

5. The researcher will destroy all individual identifiers in the information by _____ (*date*).

6. The researcher will not contact any individual to whom personal information relates, directly or indirectly, without the prior written authority of the public body.

7. The researcher will ensure that no personal information will be used or disclosed in a form in which the individual to whom it relates can be identified without the written authority of the public body.

8. The researcher will notify the public body in writing immediately upon becoming aware that any of the conditions set out in this agreement have been breached.

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

Researcher

Signature: _____

Print Full Name: _____

Mailing Address: _____

(Street/Apartment No./R.R. No.)

(Community/County)

(Postal Code)

Telephone Numbers: _____

(Residence)

(Business)

Fax Number: _____

Representative of Public Body

Name: _____

Position: _____

Public Body: _____

Address: _____

Telephone Number: _____

Fax Number: _____