

APPENDIX 7 Sample Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

OMB Control Number 0584-0523

I hereby agree to keep confidential all information discussed during the Focus Group in which I am participating in (location, date, time) being conducted by (name of contractor performing service) on behalf of the USDA, Center for Nutrition Policy and Promotion.

Signature of Participant

Date

Name of Participant

(name of contractor performing service) hereby agrees to keep confidential all information discussed during the (Interview/Focus Group) held in (location, date, time) on behalf of the USDA, Center for Nutrition Policy and Promotion.

Signature of Authorized Personnel

Date

Name of Authorized Personnel

[RESEARCH FACILITY] hereby agrees to keep confidential all information discussed during the (Interview/Focus Group) held in (location, date, time) on behalf of the USDA, Center for Nutrition Policy and Promotion.

Signature of Authorized Personnel

Date

Name of Authorized Personnel