

STATEMENT OF DATA CONFIDENTIALITY

COACHE researchers take reasonable steps to protect the identities of respondents and the confidentiality of their responses. This includes masking results with fewer than five individuals in all COACHE Reports. Nevertheless, individual respondent identification may become possible when a small number of individuals share a single characteristic such as gender, race/ethnicity, department, etc., thus posing a potential breach of their confidentiality. In order to prevent tracing of the identity of individuals, users of the COACHE Data File and Reports must not share any results in which such identification may be possible. This is COACHE's expectation of total respondent confidentiality.

All Data File recipients must manage any Data File according to expectations for High-Risk Confidential Information "Level 3" as described by the Harvard University Information Security Policy (<http://policy.security.harvard.edu/level-3>). In order to comply with the instructions given this study by the Committee on the Use of Human Subjects at Harvard University, the following Statements of Data Confidentiality must be signed by the person or people identified by your institution to receive COACHE's Data File and Reports.

To be signed by intended Data File recipient:

I, the undersigned, as Participating Institution's designee, hereby agree that my access to the COACHE Data File will be in accordance with the expectation of total respondent confidentiality. I am or will not be in a position to make or influence faculty personnel decisions at my institution; in cases of promotion and/or tenure, I shall be recused from the deliberations and votes of the committee regarding such cases for a period of two (2) years following receipt of the COACHE Data File and Reports. I shall not distribute any survey results in which identification of individuals may be possible. Only aggregate data, with no cells of fewer than five respondents, will be shared with broader audiences at my institution.

SIGNED: _____

Print name: _____ Title: _____

Institution: _____ Date: _____

_____ Initial here if you, on behalf of Participating Institution, are refusing receipt of unit-level data.

(Refusal is strongly recommended for all Faculty Retention & Exit Survey partners.)

To be signed by intended Report recipient:

I, the undersigned, as Participating Institution's designee, hereby agree that my access to the **COACHE Reports** will be in accordance with the expectation of total respondent confidentiality. I wish not to receive, nor shall I distribute any Reports, in whole or in part, in which identification of individuals may be possible. Only aggregate data, with no cells of fewer than five respondents, will be shared with broader audiences at my institution.

SIGNED: _____

Print name: _____ Title: _____

Institution: _____ Date: _____

Mailing address: _____