

**JOHNS HOPKINS UNIVERSITY**

**STUDENT/VOLUNTEER PROGRAM PARTICIPANT AGREEMENT**

Volunteer Name: **Jules Gottraux**

Specify Research Covered by this Agreement (IRB Protocol Number): **IRB00198053**

Planned length of volunteer service: **1 year**

Please read, complete, and return ONE copy of this Volunteer Program Participant Agreement ("Agreement"). Keep the other copy for your records.

I, **Jules Gottraux**, agree to the following terms as a condition of my participation, under the direction of **Joseph McGuire** ("Investigator") in the conduct of **Behavior Therapy for Children with Chronic Tic Disorders** ("Program") at Johns Hopkins University ("JHU"), a non-profit 501 (c)(3) organization located at 3400 North Charles Street, Baltimore, Maryland 21218, in partnership with the Johns Hopkins Hospital System ("JHHS"), at **550 N. Broadway, Suite 206** ("Facility(ies)"), and in consideration of being provided access to the Facilities of JHU and JHHS.

**Access to Facilities.** The Facilities are being made available to me as an educational or research opportunity. I am not a student, employee or affiliate of JHU or JHHS. I agree that I may only be present in the Facilities under direct supervision of the Investigator who has privileges within JHHS facilities and JHU/JHHS patient care facilities.

**Limitations on Activities.** I agree that I will not have any direct patient contact. Contact is defined as physical touching, performing a medical history and/or examination, counseling (patient or patient's family/friends), assisting in any procedure, or otherwise interacting with patients, either individually or in the presence of others. I agree that my research involvement for the Program may not include consenting of research subjects to participate in research nor may it include direct access to medical records systems of the Johns Hopkins Health System [e.g. EPIC]. I agree that I am not allowed to make patient chart entries (electronic or hard copy). I agree that I will not make copies of any patient charts (electronic or paper). I have signed the Confidentiality Agreement for Students attached to this Agreement as an addendum and will abide by all of its terms.

**Training Requirements.** I agree that I will complete the requisite human subjects training for participation in the Program at JHU, which includes Human Subjects Research (HSR), Conflict of Interest (COI), and Health Privacy Issues for Researchers (HPIR) and I have reviewed the relevant institutional policies and procedures for the protection of human subjects.

**IRB Compliance:** I agree to abide by all Institutional Review Board (“IRB”) requirements, all other applicable federal, international, state, and local laws, regulations, and policies that may provide additional protection for human subjects participating in research conducted under this Agreement. I will abide by all determinations of the IRB while working in the Program, and will accept the final authority and decisions of the IRB, including but not limited to directives to terminate participation in designated research activities. I will work with the Investigator to report promptly to the IRB any proposed changes in the research conducted under this Agreement. I will not initiate changes in the research without prior IRB review and approval, except where necessary to eliminate apparent immediate hazards to subjects. I will report immediately to the IRB any unanticipated problems involving risks to subjects or others in research covered under this Agreement. I will provide all information requested by the IRB in a timely fashion.

**Health and Safety Risks.** I understand that the Facilities may contain hazardous or dangerous substances, infectious materials, or hazardous equipment. I will take every precaution necessary to protect my health and safety, and the health and safety of others. I will acquaint myself with and conduct my activities in accordance with all safety rules and safe operational procedures of JHU and/or JHHS. I recognize that I may be subjected to potential risks, illnesses and injuries.

**Appropriate Conduct.** I agree to observe all applicable JHU, JHHS, and departmental policies, rules and regulations that pertain to my conduct on campus and in the Facilities. I agree to abide by all JHHS policies such as HIPAA, infection control, safety, ethics, harassment, discrimination, misconduct while in JHHS facilities. I agree that I will not use any personal devices or equipment to store or share or otherwise capture Johns Hopkins research data.

**RELEASE AND INDEMNIFICATION.** I hereby release and forever discharge JHU, its employees, agents and representatives, including JHHS employees and agents, from all actions, claims, or demands that I have or may have against JHU and related to my participation in the Program, including but not limited to (a) any bodily injury, personal injury, illness, death, property damage, or loss, unless such injury, damage, or loss is caused directly by the gross negligence or willful misconduct of JHU, its employees, agents and representatives; and (b) libel, defamation, misappropriation, invasion of privacy or right of publicity, other similar claims related to the use of my name and likeness, or based upon any use of, or failure or omission to use, my name and likeness.

I have carefully read this Acknowledgement of Risk and Release before signing it. This agreement shall be governed by the laws of the State of Maryland, excluding its choice of law provisions.

***Signature Page to Follow***

Signature:

\_\_\_\_\_

Name:     \_\_\_ **Jules Gottraux** \_\_\_

Title:     \_\_\_ **Graduate Student** \_\_\_

Date:     \_\_\_ **09/03/2020** \_\_\_

## **Confidentiality Agreement for Students Addendum**

(See attached)