

CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT

I, Mike White, of Arizona State University, acknowledge certain duties and responsibilities related to my partnership with the Spokane Police Department in the development my research project related to the adoption and use of wearable cameras by Spokane police officers entitled “Assessing the Impact and Consequences of Police Officer Body-Worn Cameras: A Multi-Site Randomized Controlled Trial.”

In being permitted to conduct my research, including conducting interviews and participating in ride-alongs with officers, conducting surveys, and analyzing police department data, I acknowledge that it is my responsibility to maintain the integrity and confidentiality of all information obtained from and reviewed in cooperation with the Spokane Police Department as associated with my research project.

I understand and acknowledge my obligation to protect and preserve the confidentiality of all information shared and/or imparted to me in the scope of my research including but not limited to the names of individual police officers. Specifically, I understand that, in gathering data, I may have access to sensitive information and materials consisting of confidential intelligence, tactical information, criminal history records or investigative information. I understand that in gathering data from Use of Force files and Internal Affairs documentation, I may be entrusted with information that is highly privileged, which may affect the privacy rights of individual citizens and officers. This information may also be vital to the operations of the police department. I understand that all such information is privileged, is exempt from public disclosure and that protecting the confidentiality of this information is essential to effective law enforcement.

I understand that I am not authorized to copy, convert, save to any electronic format, forward by email, post to the internet, share, disclose, convey or otherwise communicate the contents of these materials or this information to any person or entity outside of the academic circle of individuals immediately associated with my research project and employed by Arizona State University.

I understand that my access to these materials is for the limited purpose of informing me in my research and that it is not to be used for any other purpose. I understand that any release of confidential information could cause harm to persons or property or violate the privacy interests of third parties.

I understand that improper disclosure of any such information could be a violation of city, state or federal law and could subject the City of Spokane to civil liability. **I also understand that I could be personally subject to civil or criminal penalties provided for by law for the improper release of confidential materials.**

Understanding all of the above, I agree to keep confidential all materials provided to me for review by the Spokane Police Department.

Signed _____ Date _____