

**CONFIDENTIALITY / REGULATORY COMPLIANCE STATEMENT**

I understand that all materials and information discussed in the Veteran Engagement meetings, including, but not limited to member comments, proposals, and other issues related to the Pain; Research, Informatics, Multimorbidities, and Education (PRIME) Center are confidential. I agree not to disclose any information regarding information or discussions that I may see or hear.

I have been notified of the importance to report to Center leadership any concerns related to Privacy/HIPAA, Confidentiality, Data Security, Adverse Events or Ethics for resolution according to VA policy.

**Participant/Observer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**PRIME Center: Research Veteran Engagement Group**

**Committee Name:** Veteran Engagement Group  
PRIME Center  
VA Connecticut Healthcare System

***Please sign and return to a meeting representative.  
Thank you.***