CONFIDENTIALITY PLEDGE

for the

[TRIBE/ORGANIZATION NAME]

All persons having access to [INSERT DATASET(S) NAME(S)] must agree with and affix their signature to the following:

“I hereby swear or affirm to comply with the following policies to protect the confidentiality of the data contained in *[DATASET NAME]:*

* Not to use nor permit others to use *[DATASET NAME]* data in any way other than for approved statistical reporting and analysis for public health research and surveillance purposes;
* To release no data or information that is identifying or which can lead to the identification of an individual;
* To not attempt to contact individuals or family members of individuals whose information is contained in *[DATASET NAME];*
* To not allow unauthorized individuals to access *[DATASET NAME]* data;
* To use appropriate safeguards to protect the confidentiality of the information contained within *[DATASET NAME]*, including password protection of desktop and laptop computers, file encryption, and never leaving portable media containing data unattended while traveling;
* To ensure that all copies of *[DATASET NAME]* are permanently deleted from all computers, networks, and/or storage devices within 30 days of project closure; and
* To report to [INSERT APPLICABLE REPORTING ENTITY] any unapproved use or disclosure of data or information from *[DATASET NAME]*.
* [If applicable] To obtain approval from the [NAME OF INSTITUTIONAL OR TRIBAL RESEARCH REVIEW BOARD] and any other applicable review boards prior to conducting any research activity utilizing *[DATASET NAME]*;
* [If applicable] To only report data derived from *[DATASET NAME]* in aggregate, and not to report any statistics generated from case counts of less than 5 (or the thresholds specified in specific Data Sharing Agreements);
* [If applicable] To acknowledge in any reports, published papers, or presentations the [DATA OWNER/PROVIDER] and obtain approval for publications from [DATA OWNER/PROVIDER] as specified in Data Sharing Agreements.

I will assure that all persons with approved access to *[DATASET NAME]* data will sign appropriate confidentiality pledges. I understand that if I fail to keep my pledge of confidentiality, I will be denied access to *[DATASET NAME]* and I may be subject to penalties identified in law. ”

Name and Organization (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_