Non-Disclosure Agreement for Administration for Community Living Chronic Disease Self-Management Education Program Data Collection and Data Entry Personnel

I will not disclose any personally identifiable information provided by Chronic Disease Self-Management Education Program (CDSME) workshop participants. More specifically I will not disclose any data provided in the Participant Information Survey and will follow all standard safeguards for protecting this information, including transmitting the forms in sealed envelopes and storing them in secure, locked locations. If involved in data entry, I will only share the data via the designated, encrypted, password protected database authorized by the Administration for Community Living. After the data is entered, I will destroy the forms.

I understand that unauthorized disclosure of any sensitive CDSME participant data may subject me to disciplinary and adverse administrative action.

_____	_____
Name	Signature
_____	_____
Position/Title	Date
_____	
Organization	