

Data Use Agreement for Restricted-Access Data

I have read and agree to follow the guidelines listed below. They prohibit the knowing disclosure of any information that could be used directly or indirectly to identify individuals.

In accepting access to data, I agree to the following:

I will not permit individuals not identified in this DUA to use the data. I will not release data to other parties. Requests from legal authorities must be referred to CDC.

If I download data from the Secure Portal, I will comply with the following mechanisms for the preservation of confidentiality:

I will password protect the data file(s) I downloaded.

I will treat all data at my desk confidentially and will not give other persons access to this data.

I will keep all hard copies of data runs containing small cells locked in my desk when not in use, shredding them when they are no longer necessary to my analysis.

I will review all printed or electronic output and delete or blackout any direct or indirect identifiers and any small cell counts.

I will not produce copies of the data other than copies that are necessary to accomplish the project.

I will destroy any downloaded data once my access rights have terminated, pursuant to applicable state and federal laws.

I will use the data only for the approved purposes described in my data request form.

I will not attempt to learn the identity of any person included in the data and will not deliberately combine this data with other data for the purpose of matching records to identify individuals. If I should inadvertently discover the identity of any person, then I will make no disclosure or other use of that information and will report the discovery to:

Associate Director for Science
Office of Science Policy and Technology Transfer, CDC
Mail Stop D50
Phone: 404-639-7240

I will send notification of any reports, presentations, slides, interviews, and publications to CDC. If the data sharing agreement with the data source requires approval before release, CDC will request such approval.

I will not imply or state, either in written or oral form, that interpretations based on the data are those of the original data sources or CDC, unless the data user and data providers are formally collaborating on the proposed analysis.

I will acknowledge, in all reports based on these data, the original source of the data as well as CDC.

I understand that failure to comply with these provisions may result in the loss of further access to the Secure Portal and other legal penalties and consequences.

Primary Requestor

Print Name: _____

Signature: _____ Date: _____

Requestor

Print Name: _____

Signature: _____ Date: _____

Requestor

Print Name: _____

Signature: _____ Date: _____

CDC Management

Print Name: _____

Signature: _____ Date: _____

Completed form may be submitted

- Emailed to epht@cdc.gov
- Faxed to 770-488-1538