

Attachment G

**RTI Confidentiality Agreement**

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**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_ (*print employee's name*), an employee of (*print employee's organization*), agree to work on the National Intimate Partner and Sexual Violence Surveillance System (NISVSS) in accordance with the guidelines and restrictions specified below. I understand that compliance with the terms of this agreement is a condition of my assignment with the National Intimate Partner and Sexual Violence Surveillance System (NISVSS) and that these terms are supplementary to those listed in my contract of employment with \_\_\_\_\_ (*print employee's organization*).

- a. I agree to treat as confidential all case-specific information obtained in the National Intimate Partner and Sexual Violence Surveillance System (NISVSS) and related matters. I further agree that this covenant of confidentiality shall survive the termination of this agreement.
  
- b. I further understand that failure to follow the guidelines below may result in a potential violation of the provisions of the Privacy Act of 1974 (violation of the Privacy Act is a misdemeanor and may subject the violator to a fine of up to \$5,000), and potential Institute disciplinary action, including termination. To fulfill confidentiality obligations, I will:
  - 1. Discuss confidential project information only with authorized employees of the National Intimate Partner and Sexual Violence Surveillance System (NISVSS).
  - 2. Store confidential project information as specified by project protocols.
  - 3. Safeguard combinations, keys, and rooms that secure confidential project information.
  - 4. Safeguard confidential project information when in actual use.
  - 5. Immediately report any alleged violations of the security procedures to my immediate supervisor.
  - 6. Not photocopy or record by any other means any confidential project information unless authorized by project leaders or my supervisor.
  - 7. Not in any way compromise the confidentiality of project participants.
  - 8. Not allow access to any confidential project information to any unauthorized person.
  - 9. Report any lost or misplaced confidential project information to my supervisor immediately.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Employee's Organization \_\_\_\_\_