

**Attachment 1**  
**Non-Disclosure Agreement**  
**Centers for Disease Control and Prevention**  
**Department of Health and Human Services**  
**Non-Disclosure Agreement**

An agreement between the [name of Coordinating Center, Center, Institute or Office], Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS) and [name of Individual].

1. I acknowledge that I have been given access to information, which may include personally identifiable, proprietary, privileged, or sensitive information (THE INFORMATION), by [name of Coordinating Center, Center, Institute or Office] to facilitate the performance of my contract with or assignment to CDC. I understand that it is my responsibility to safeguard THE INFORMATION and to refrain from further disclosing it without prior [name of Coordinating Center, Center, Institute or Office] approval.
2. I have been advised that any breach of this Agreement may result in the termination of my access to THE INFORMATION and termination of my contract with or assignment to CDC. I understand that unauthorized disclosure or other misuse of information protected by the Privacy Act of 1974 may result in a fine up to \$5,000.00 and/or other penalties. In addition, I have been advised that unauthorized disclosure or other misuse of information covered under the federal Trade Secrets Act (18 USC 1905) may result in a fine, or imprisonment up to 1 year, or both.
3. I understand that THE INFORMATION remains the property of and under the control of the United States Government. I agree that I must return THE INFORMATION in my possession or for which I am responsible:
  - A. upon demand by [name of Coordinating Center, Center, Institute or Office];
  - B. upon the conclusion of my relationship with [name of Coordinating Center, Center, Institute or Office]; or
  - C. upon the conclusion of my relationship that requires access to THE INFORMATION .
4. Unless I am released in writing by an authorized [name of Coordinating Center, Center, Institute or Office] representative, I understand that all conditions and obligations imposed upon me by this Agreement apply during the time I am granted access to THE INFORMATION, and all times thereafter.

**WITNESS:**

**THE EXECUTION OF THIS AGREEMENT WAS  
WITNESSED BY THE UNDERSIGNED**

**SIGNATURE:** \_\_\_\_\_

**NAME (Printed):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ACCEPTANCE:**

**THE UNDERSIGNED ACCEPTED THIS AGREEMENT  
BEFORE ACCESSING THE INFORMATION.**

**SIGNATURE:** \_\_\_\_\_

**NAME (Printed):** \_\_\_\_\_

**DATE:** \_\_\_\_\_