

**U.S. DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICE**

***Enhancing Completion Rates for SNAP
(Supplemental Nutrition Assistance Program) Quality Control Reviews***

*Request for Clearance
Supporting Statement and
Data Collection Instruments*

*Attachment B:
Privacy Pledge*

Project Officer: Robert Dalrymple

September 26, 2013



OMB Control Number: 0584-XXXX
Expiration Date: XX/XX/XXXX

ATTACHMENT B: PRIVACY PLEDGE

I understand that the names, and any other identifying facts or information, of individuals, businesses, organizations, and families participating in this project conducted by Insight Policy Research, Inc. or its subsidiaries are private information. I agree that I will not reveal such private information, regardless of how or where I acquired it, to any person unless such person has been authorized by the cognizant Insight Project Director or the Project Manager to have access to the information.

I further understand that the unauthorized access to, use, or disclosure of any private information is a breach of the terms of my employment, or my consultant agreement with Insight and may subject me to court action by any interested party or to other sanctions by Insight. I acknowledge that this agreement shall continue to bind me even after the project(s) is (are) completed and/or even though my employment or my consultant agreement with Insight has terminated.

Other than in the course of my authorized employment or my consultant agreement, I further agree that I will not use, nor facilitate the use by any third party, in any way any information deemed private by the terms of any contract or other written agreement between Insight and any other organization, except by written authorization by both parties. It is my understanding that Insight and the contracting organization(s) have the exclusive right to all information acquired or developed under such a contract or other written agreement. I acknowledge that I acquire no right, title, or interest in and to any data or information to which I have access by reason of my employment or my consultant agreement and that I may not remove such data from my assigned work location without prior authorization.

I agree to promptly notify the cognizant Insight Project Director or Project Manager of any unauthorized disclosure, use, or alteration of private information that I observe.

Nothing herein shall be construed to prevent divulgence of information to any court or governmental agency, provided such divulgence is required by law. However, if I am subpoenaed, or if I have reason to believe that I may be called upon to make such divulgence, I agree to notify the President of Insight promptly in writing and, upon his request, to cooperate in all lawful efforts to resist such divulgence.

Name: _____

Signature: _____

Date: _____