

APPENDIX G: DATA CONFIDENTIALITY AGREEMENT

SNAP Timeliness Study Data Confidentiality Agreement

I, _____, an employee of _____, have been given access to the SNAP Timeliness Study as a part of my employment. I understand that WRMA and IMPAQ International are responsible for the collection and analysis of these data, but that the Food and Nutrition Service (FNS) owns these data.

I understand that SNAP Timeliness Study data are covered by the Office of Management and Budget Circular A-130, Management of Federal Information Resources, the Computer Security Act of 1987, the Federal Information Security Management Act of 2002 (FISMA), and the Privacy Act, the E-Government Act of 2002 (Pub. L. 107-347). Section 513 of the E-Government Act of 2002 provides stiff penalties for unlawful disclosures of this information. These laws and policies aim to protect sensitive information that resides in government data systems and insure the confidentiality, integrity, and availability of those systems.

I understand that all data collected through this study will be treated as sensitive-but-unclassified and cannot be disclosed or provided to any person who is not an employee of WRMA, IMPAQ International, or FNS.

By this document, I agree to the following:

- I will not use or disclose study data other than for study purposes.
- I will disclose data only to authorized study personnel on a need-to-know basis.
- I will store study data only on a computer hard drive that is password protected.
- I will not provide or disclose user names or passwords that provide access to these data other than to authorized study personnel.
- I will safeguard the data from unauthorized access, alteration, or destruction to the best of my ability.
- I will report all instances of actual or potential security violations to my supervisor or the Project Director.
- I will not report or publish aggregate data from such records with a cell size small enough to allow an individual to be identified.
- I will archive all study data on disk, CD-ROM, other computerized storage media, or in hard copy in a locked location.

I understand that my signature indicates my adherence to the above. I also understand that I am personally accountable for willful violations of this agreement and that such violations may result in denial of future access to study data, termination of employment, and/or civil and criminal penalty associated with relevant laws.

Employee Signature

Date

Project Director Signature

Date