OMB Control No.: 0970-xxxx Expiration Date: xx/xx/20xx

ATTACHMENT D: URBAN INSTITUTE STAFF CONFIDENTIALITY PLEDGE

OMB Control No.: 0970-xxxx Expiration Date: xx/xx/20xx

URBAN INSTITUTE STAFF CONFIDENTIALITY PLEDGE (HOME VISITING CAREER TRAJECTORIES PROJECT)

Assurance of Confidentiality

The Urban Institute assures all respondents and participating organizations that the information they release to this study will be held in the strictest confidence possible by the contracting organizations and that no information obtained in the course of this study will be disclosed in such a way that individuals or organizations are identifiable. Access to the data in this study is by consent of the respondents who have been assured confidentiality. This assurance of confidentiality does not prevent researchers from voluntarily disclosing information as required by law, without consent. For example, the study team may voluntarily disclose information about incidents such as child abuse, or intent to hurt oneself or others. In addition, this assurance of confidentiality does not prevent respondents or members of respondents' family from voluntarily releasing information about respondents or their involvement in this research.

In furtherance of our commitment of confidentiality to respondents and participating organization, you hereby confirm the following:

"I have carefully read and understand this assurance that pertains to the confidential nature of all information and records to be handled in this study. I have read a copy of the "Confidential Data at the Urban Institute – Guidelines for Data Security," which has been provided for me with this Confidentiality Pledge. I understand that I must comply with all of data security requirements adapted from those Guidelines for this project as approved by the Urban Institute Institutional Review Board to the extent permitted by federal laws, regulations, and directives applicable. As an employee of The Urban Institute, I understand that I am prohibited from disclosing any such confidential information which has been obtained under the terms of this contract to anyone other than authorized contractor staff and agree to follow the procedures outlined to me during training. Should situations arise that warrant the disclosure or release of such information, I will do so only under approved circumstances and in accordance with the laws, regulations, or directives applicable. I understand that each provision of the Guidelines is severable and if any provision of the Guidelines is found to be unenforceable, all other provisions shall remain in full force and effect. I will report any suspected breach of confidentiality/data security immediately to the Chief Information Officer of The Urban Institute at the address below. I understand that any willful and knowing disclosure of information released to this study may subject an employee of The Urban Institute to disciplinary action, up to and including termination of employment or contract."

(Print Your Name)	(Signature)	
(Date)		
(Witness signature)		
(Date)		

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