

Attachment 9 - NCHS Non-Disclosure Affidavit

Affidavit of Non-Disclosure for Non-NCHS Staff (Contractors/Agents)

The National Center for Health Statistics collects, compiles, and publishes general purpose vital and health statistics which serve the needs of all segments of the health and health related professions. The success of the Center's operations depends upon the voluntary cooperation of States, of establishments, and of individuals who provide the information required by Center programs under an assurance that such information will be kept confidential and be used only for statistical purposes.

NCHS is subject to the restrictions of the **Privacy Act, Section 308(d)** of the **Public Health Service Act** and **Title III of the Foundations for Evidence-Based Policymaking Act of 2018, Pub. L. No. 115-435, 132 Stat. 5529, § 302** which provides in summary that information obtained under a pledge of confidentiality may be used only for the purpose for which it was supplied, and may not be disclosed, published or released in identifiable form to anyone not authorized to receive it unless the establishment or person supplying the information has consented.

The laws excerpted below provide penalties for unauthorized disclosure of confidential information.

Privacy Act of 1974, 5 U.S.C. section 552a(i)(1): "Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, **shall be guilty of a misdemeanor and fined not more than \$5,000.**" Paragraph m(1) of section 552a further states that "(1) When an agency provides by a contract for the operation by or on behalf of the agency of a system of records to accomplish an agency function, the agency shall, consistent with its authority, cause the requirements of this section to be applied to such system. For purposes of subsection (i) of this section any such contractor and any employee of such contractor, if such contract is agreed to on or after the effective date of this section, shall be considered to be an employee of an agency."

Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3561-3583):

"Whoever, being an officer, employee, or agent of an agency acquiring information for exclusively statistical purposes, having taken and subscribed the oath of office, or having sworn to observe the limitations imposed by this section, comes into possession of such information by reason of his or her being an officer, employee, or agent and, knowing that the disclosure of the specific information is prohibited under the provisions of this subchapter, willfully discloses the information in any manner to a person or agency not entitled to receive it, shall be guilty of a class E felony and imprisoned for not more than 5 years, or fined not more than \$250,000, or both."

Your signature below indicates that you have read the above statutes and agree to protect the confidentiality of NCHS data collected under these statutes.

- I affirm I will observe all policies and procedures to protect the confidentiality of NCHS data I access and that I will not disclose confidential information contained in data files, lists, or reports created using NCHS data, as specified under Section 308(d) of the Public Health Service Act, and under penalties set forth in the Privacy Act and CIPSEA (44 U.S.C. 3561-3583).

- I will not release confidential data to any other person or organization without the permission of NCHS.
- I will access confidential NCHS data only from the offices of my organization unless otherwise authorized.
- I am bound by the conditions stated in the executed Designated Agent Agreement with NCHS for the confidential NCHS data I access.

Name (print): _____ Signature: _____

Organization: _____ Date: _____

Date NCHS Confidentiality Training Completed: _____

<https://www.cdc.gov/nchs/training/confidentiality/training/>