**GenIC Clearance for CDC/ATSDR**

**Formative Research and Tool Development**

**Youth Audience Message Testing of Substance Use Prevention Messages**

#### Attachment 7 - Privacy Agreement

**Contact:** Jasmine Kenney, MPH

Communication Branch

Division of Overdose Prevention (DOP)

National Center for Injury Prevention and Control (NCIPC)

Centers for Disease Control and Prevention (CDC)

4770 Buford Hwy NE, MS S106

Atlanta, Georgia 30341

Phone: 770-488-5423

Email: gnk2@cdc.gov

## *Project Staff Agreement of Privacy*

Ensuring the privacy of all reports, records and files containing client names and/or identifying information is critically important to the *Centers for Disease Control and Prevention (CDC)* and *Fors Marsh.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to provide recruitment/screening, research/analysis, and/or advisory support services for the benefit of *Fors Marsh* in conjunction with the *Fors Marsh/CDC* project, *Youth Audience Message Testing of Substance Use Prevention Messages.*

Further, I

\_\_\_\_ hereby accept all duties and responsibilities of performing specified support tasks and will do so personally in accordance with the training and guidelines set out by *Fors Marsh/CDC;*

\_\_\_\_ will not engage the services of another person or organization for the purpose of performing specified support tasks for me without prior written approval from *Fors Marsh*/*CDC*;

\_\_\_\_ promise to perform only the support tasks specified by *Fors Marsh* and will not conduct any auxiliary services without the approval of *Fors Marsh*/*CDC*;

\_\_\_\_ agree to treat as private and proprietary to *Fors Marsh/CDC* any and all project materials, and documentation provided or accessed while employed on this project;

\_\_\_\_ am aware that any information collected is very important, and therefore agree that all work completed will be of high quality and performed in compliance with project guidelines;

\_\_\_\_ agree to keep all client-related project documents and records, as well as any identifying information, closed and locked in accordance with the principles set forth by *Fors Marsh*/*CDC*;

**\_\_\_\_** agree to never discuss sensitive office issues or records outside of the office setting, nor confirm or deny any specific person’s participation in the project;

\_\_\_\_ agree to act professionally in a manner that will obtain the respect and confidence of all individuals participating in this project from whom information will be collected and not betray their confidence by divulging information obtained to anyone other than authorized representatives of *Fors Marsh/CDC*;

\_\_\_\_ agree to report any known or suspected breaches of confidentiality to *Fors Marsh*/*CDC*; and

\_\_\_\_ understand that my obligations to maintain the confidence and privacy of the project and participants’ personal information under this agreement will survive the termination of any assignment and my affiliation with *Fors Marsh/CDC*.

Signature

Date