



## CHIS DATA CUSTODIAN AGREEMENT LOCAL HEALTH DEPARTMENT FILE

The California Health Interview Survey (CHIS) is bound by promises made to respondents, by California law, and by University and government human subject protection committees to assure that no personal information is released in a form that identifies an individual without the consent of the person who supplied the information.

The California Information Practices Act (§1798.24) provides that the data collected by CHIS may be released only for statistical research and reporting purposes. Any intentional re-identification or disclosure of personal information violates this law, and violates the privacy rights of the people who provided data to CHIS. Unauthorized disclosure of personal information is subject to civil action and penalties under California Civil Code §1798.53.

Unauthorized disclosure of personal information is also punishable under California Civil Code §1798.55, which states:

“The intentional violation of any provision of this chapter or of any rules or regulations adopted thereunder, by an officer or employee of any agency shall constitute a cause for discipline, including termination of employment.”

It is essential, therefore, that you understand your obligation as an employee of a public health agency not to disclose any information, whether or not under your direct custody, that may put a respondent’s identity at risk.

*By initialing beside each condition below, I signify my understanding and affirmation to maintain the confidentiality and security of CHIS data, and I agree to the specific terms listed below.*

- \_\_\_\_\_ 1. I understand that I am the designated custodian of the California Health Interview Survey data at my agency. As CHIS data custodian, I hereby agree to provide copies of CHIS data only to agency researchers who have signed a CHIS Data User Agreement and to maintain copies of the signed CHIS agreements in a secured area. I agree not to release the CHIS data files or subsets of the data file to any other individuals or organizations.
- \_\_\_\_\_ 2. I agree to ensure that any member of my organization, *before* accessing CHIS data, signs and emails a Data User Agreement to the UCLA Center for Health Policy Research to the attention of the Data Access Center.
- \_\_\_\_\_ 3. In order to fulfill my obligations to protect subject confidentiality, I agree: i) to maintain the security and confidentiality of all CHIS data; ii) to not to remove the data from the organization's premises; iii) to use CHIS data for research, analysis, planning, and aggregate statistical reporting purposes only; iv) not to attempt to identify any CHIS survey respondent and to make no use of any identity discovered inadvertently; v) not to attempt to match or link the CHIS data with any other data file; and vi) to review all tables and reports to avoid publishing small cells that could potentially disclose the identity of a survey respondent.
- \_\_\_\_\_ 4. I agree to keep a record of all members of my organization who have access to CHIS data. I will obtain a description of how and where CHIS data will be stored and how security will be maintained, and will provide that information to CHIS staff upon request. I will be aware of any physical copies of the data and will inform members that additional copies cannot be made and that the data cannot be further distributed to any other individual or organization without my knowledge.
- \_\_\_\_\_ 5. I agree to inform the CHIS team in the event that I am no longer able to act as a data custodian for my agency, and I will recommend an appropriate replacement.

- \_\_\_\_\_ 6. I agree to inform the CHIS team in the event of a potential or suspected breach of confidentiality, or in the event of an unanticipated disclosure of data.
- \_\_\_\_\_ 7. I agree to acknowledge California Health Interview Survey in a clear and appropriate manner in any publication or other public use of these data

By signing below, I signify my agreement to comply with the above-stated requirements.

Name		Title	
Organization			
Address			
City, State, Zip			
Phone Number		Email Address	
Signature			Date

The responsibilities of a data custodian may require an allocation of staff time. Please obtain an authorizing signature from a supervisor or director.

Name		Title	
Signature			Date

CALIFORNIA HEALTH INTERVIEW SURVEY  
 UCLA CENTER FOR HEALTH POLICY RESEARCH  
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