



ALL PERSONS WHO WILL HAVE ACCESS TO CHIS DATA MUST COMPLETE THIS FORM.

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 not to disclose any information, whether or not under your direct custody, that may put a respondent’s identity at risk.

In order to fulfill my obligations to protect subject confidentiality, I agree: 1) to maintain the security and confidentiality of all CHIS data; 2) not to remove the data from the organization's premises; 3) to use CHIS data for research, analysis, planning, and aggregate statistical reporting purposes only; 4) not to attempt to identify any CHIS survey respondent and to make no use of any identity discovered inadvertently; 5) not to attempt to match or link the CHIS data with any other data file; 6) to review all tables and reports to avoid publishing small cells that could potentially disclose the identity of a survey respondent; and 7) 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			
Division/Section			
Phone Number		Email Address	
Signature			Date