

DATA ACCESS CENTER NONDISCLOSURE AFFIDAVIT

PROJECT#: ____

The UCLA Center for Health Policy Research is responsible for providing access to the California Health Interview Survey data for legitimate research needs through its Data Access Center and for protecting the confidentiality of respondents. The success of the California Health Interview Survey depends upon the voluntary cooperation of the individuals who provide information to the California Health Interview Survey under an assurance that such information will be kept confidential and will be used only for research purposes.

The California Information Practices Act of 1977, Civil Code 1798, stipulates that no personal information may be used for any purpose other than that for which it was collected, and no personal information may be published or released in a form that identifies an individual unless such person has consented.

Unauthorized disclosure of personal information is punishable under Civil Code, Section 1798.55, which reads as follow: "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."

Unauthorized disclosure of personal information is also subject to civil action for invasion of privacy under Civil Code, Section 1798.53. It is essential, therefore, that you understand your obligation not to disclose any information that may lead to disclosure of a respondent's identity.

In consideration of my request to be granted access to the California Health Interview Survey data files, I, (please print or type Principal Investigator's name) _______, state that I am aware that the information contained in the data files has been provided to the California Health Interview Survey in accordance with the California Information Practices Act of 1977, Civil Code 1798, and with the assurance that it will be used only for health statistical reporting and analysis and will not be published or released in identifiable form. I am also aware that I can be held legally liable for any harm incurred by individuals who have provided or are described in the information contained in the above work files to which I will have access.

Having read and familiarized myself with the Data Access Center Nondisclosure Affidavit, including the California Information Practices Act of 1977, Civil Code 1798, I agree to the terms listed below (Principal Investigator, please initial each line item).

1. To not make copies of any files or portions of files to which I am granted access.

2. To not use any technique or method to attempt to learn the identity of any person in the data files.

- 3. To hold in strictest confidence the identity of any individual that may be inadvertently revealed in any documents, discussion, or analysis. If any such inadvertent revealing of identity occurs, I will immediately bring it to the attention of the Data Access Center Coordinator.
- 4. To acknowledge the "California Health Interview Survey" in a clear and appropriate manner in any publication or other public use of these data.
 - _ 5. To submit copies of any published articles, reports, or briefs based on CHIS data to the Data Access Center Coordinator.
 - 6.To not disclose, use, reuse, or grant access to the data by public download (such as dashboards) without written authorization.

Your signatures indicate that you have carefully read and agree to be bound by the above statutory responsibilities. DAC projects cannot commence until the Principal Investigator and, if applicable, all Co-Investigators and other study personnel listed on the DAC Application have signed this Nondisclosure Affidavit. (electronic / digital signature is accepted)

July 2022

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Principal Investigator Signature



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		PROJECT # :	
		PI :	
All personnel listed on the DA	AC Application must read	and sign this Nondisclosure Affi	davit.
Additional User Signature	Date	Additional User Signature	Date
Additional User Signature	Date	Additional User Signature	Date
Additional User Signature	Date	Additional User Signature	Date