

Agreement Regarding Conditions of Access to Confidential ASPE Data in the Research Data Center of the National Center for Health Statistics.

In consideration of my request to be granted access to (name of data file(s)) _____, I _____ (please print) am aware that I can be held legally liable for any harm incurred by individuals or establishments who have provided or are described in the information contained in the above work files to which I will have access, that is caused by my disclosure of data. Furthermore, I agree:

1. To make no copies of any files or portions of files to which I am granted access except those authorized by NCHS Research Data Center staff.
2. To return to NCHS staff all NCHS restricted materials with which I may be provided during the conduct of my research at NCHS and other materials as requested.
3. Not to use **any** technique in an attempt to learn the identity of any person, establishment, or sampling unit not identified on the restricted access data files.
4. To hold in strictest confidence the identification of any establishment or individual that may be inadvertently revealed in any documents or discussion, or analysis. Such inadvertent identification revealed in my analysis will be immediately brought to the attention of RDC and ASPE staff.
5. Not to remove any printouts, electronic files, documents, or media until they have been scanned for disclosure risk by authorized NCHS staff.
6. Not to remove from NCHS any written notes pertaining to the identification of any establishment, individual, or geographic area that may be revealed in the conduct of my research at NCHS.
7. To the inspection of any material I may bring to or remove from the NCHS Research Data Center.
8. To submit to NCHS RDC staff for disclosure limitation review any papers or reports submitted for publication.

Researcher's Signature

Date

NCHS Witness

Date