

The University of North Carolina at Chapel Hill, Carolina Population Center
National Longitudinal Study of Adolescent to Adult Health
Data Use Contract

Attachment D: Security Pledge

Pledge of Confidentiality for Researcher

I, the undersigned, through my involvement with and work on my project will have access to Sensitive Data collected by the National Longitudinal Study of Adolescent to Adult Health (Add Health). By virtue of my affiliation with this project, I have access to Sensitive Data about respondents generally perceived as personal and private.

I understand and acknowledge that access to this Sensitive Data carries with it a responsibility to guard against unauthorized use and to abide by the Sensitive Data Security Plan. To treat information as confidential means to not divulge it to anyone who is not a project member, or cause it to be accessible to anyone who is not a project member. Anything not specifically named as "public information" is considered confidential.

Disclosing confidential information from Add Health directly or allowing non-authorized access to such information may subject you to criminal prosecution and/or civil recovery and may violate the code of research ethics of your institution.

I have read and acknowledge my responsibilities on this project in accordance with the following guidelines:

1. To not permit non-project personnel access to these Sensitive Data, in either electronic or paper copy.
2. Not to attempt to identify individuals, families, households, schools, geographic locations or institutions.
3. That in the event the identity of an individual, family, household, school, geographic location or institution is discovered inadvertently, I will (a) make no use of this knowledge, (b) advise the Investigator of the incident who will report it to the Add Health Principal Investigator within ten (10) business days of discovery, (c) safeguard or destroy the information as directed by the Investigator after consultation with the Add Health Principal Investigator, and (d) not inform any other person of the discovered identity.

REQUIRED: Location (Building and Room Number) of the computer that will be used to access the Add Health Restricted-Use data: _____

NAME TYPED OR PRINTED

SIGNATURE

DATE

To subscribe to the Add Health list server:

Go to the Add Health website: [Add Health](#)
Scroll to the bottom of the webpage and click "Sign up for emails"

The Add Health list server is used *only*
to notify users of updates and corrections to the Add Health data and codebook and to notify users of new data releases.

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Pledge of Confidentiality for Collaborator

I, the undersigned, through my involvement as a Collaborator with a Researcher whose project uses the Add Health data will have access to statistical results from the Sensitive Data collected by the National Longitudinal Study of Adolescent to Adult Health (Add Health). By virtue of my affiliation with this project, I may have access to Sensitive Data about respondents generally perceived as personal and private.

I understand and acknowledge that access to this Sensitive Data carries with it a responsibility to guard against unauthorized use and to abide by the Sensitive Data Security Plan. To treat information as confidential means to not divulge it to anyone who is not a project member, or cause it to be accessible to anyone who is not a project member. Anything not specifically named as "public information" is considered confidential.

Disclosing confidential information from Add Health directly or allowing non-authorized access to such information may subject you to criminal prosecution and/or civil recovery and may violate the code of research ethics of your institution.

I have read and acknowledge my responsibilities on this project in accordance with the following guidelines:

1. To not permit non-project personnel access to these Sensitive Data, in either electronic or paper copy.
2. Not to attempt to identify individuals, families, households, schools, geographic locations or institutions.
3. That in the event the identity of an individual, family, household, school, geographic location or institution is discovered inadvertently, I will (a) make no use of this knowledge, (b) advise the Investigator of the incident who will report it to the Add Health Principal Investigator within ten (10) business days of discovery, (c) safeguard or destroy the information as directed by the Investigator after consultation with the Add Health Principal Investigator, and (d) not inform any other person of the discovered identity.

NAME TYPED OR PRINTED

SIGNATURE

DATE

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Pledge of Confidentiality for Information Technology Staff

I, the undersigned, through my involvement as Information Technology staff working with a Researcher whose project uses the Add Health data will have access to Sensitive Data collected by the National Longitudinal Study of Adolescent to Adult Health (Add Health). By virtue of my affiliation with this project, I have access to Sensitive Data about respondents generally perceived as personal and private.

I understand and acknowledge that access to this Sensitive Data carries with it a responsibility to guard against unauthorized use and to abide by the Sensitive Data Security Plan. To treat information as confidential means to not divulge it to anyone who is not a project member, or cause it to be accessible to anyone who is not a project member. Anything not specifically named as "public information" is considered confidential.

Disclosing confidential information from Add Health directly or allowing non-authorized access to such information may subject you to criminal prosecution and/or civil recovery and may violate the code of research ethics of your institution.

I have read and acknowledge my responsibilities on this project in accordance with the following guidelines:

1. To not permit non-project personnel access to these Sensitive Data, in either electronic or paper copy.
2. Not to attempt to identify individuals, families, households, schools, geographic locations or institutions.
3. That in the event the identity of an individual, family, household, school, geographic location or institution is discovered inadvertently, I will (a) make no use of this knowledge, (b) advise the Investigator of the incident who will report it to the Add Health Principal Investigator within ten (10) business days of discovery, (c) safeguard or destroy the information as directed by the Investigator after consultation with the Add Health Principal Investigator, and (d) not inform any other person of the discovered identity.

NAME TYPED OR PRINTED

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Pledge of Confidentiality for Officemate

I, the undersigned, share an office space with a Researcher who has a contract for the Add Health restricted-use data.

Though I share this office space, I will not have access to Sensitive Data collected by the National Longitudinal Study of Adolescent to Adult Health (Add Health). I will not have access to Sensitive Data about respondents generally perceived as personal and private.

I understand and acknowledge that my proximity to this confidential information and data carries with it a responsibility to guard against unauthorized use. To treat information as confidential means to not divulge it to anyone who is not a project member, or cause it to be accessible to anyone who is not a project member. Anything not specifically named as "public information" is considered confidential.

Disclosing confidential information from Add Health directly or allowing non-authorized access to such information may subject you to criminal prosecution and/or civil recovery and may violate the code of research ethics of your institution.

I have read and acknowledge my responsibilities on this project in accordance with the following guidelines:

1. To not permit non-project personnel access to these Sensitive Data, in either electronic or paper copy.
2. Not to attempt to identify individuals, families, households, schools, geographic locations or institutions.
3. That in the event the identity of an individual, family, household, school, geographic location or institution is discovered inadvertently, I will (a) make no use of this knowledge, (b) advise the Investigator of the incident who will report it to the Add Health Principal Investigator within ten (10) business days of discovery, (c) safeguard or destroy the information as directed by the Investigator after consultation with the Add Health Principal Investigator, and (d) not inform any other person of the discovered identity.

NAME TYPED OR PRINTED

SIGNATURE

DATE

I share space with this Researcher: _____