

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

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**Attachment D: Security Pledge**

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.

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NAME TYPED OR PRINTED

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SIGNATURE

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DATE