**Non-Disclosure Agreement**

**Administration for Community Living**

**Evidence-Based Chronic Disease and/or Falls Prevention Programs**

**Data Collection and Data Entry Personnel**

I will not disclose any personally identifiable information provided by evidence-based falls prevention program participants.

More specifically, I will not disclose any data provided in the Participant Information Form and Participant Post Program Survey and will follow all standard safeguards for protecting this information, including transmitting the forms in sealed envelopes and storing them in secure, locked locations.

If involved in data entry, I will only share the data via the designated, secured, password protected database authorized by the Administration for Community Living. After the data is entered, I will destroy the forms.

I understand that unauthorized disclosure of any sensitive evidence-based falls prevention program participant data may subject me to disciplinary and adverse administrative action.

Name Signature

Position/ Title Date

Organization