**Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Behavioral Health Statistics and Quality (CBHSQ)**

**Appendix C: Confidential Data Use and Nondisclosure Agreement Designation of Agent and Affidavit of Nondisclosure Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), in consideration of access to and use of SAMHSA/CBHSQ Confidential Data agree that:

* 1. I have read and will follow the requirements stated in the SAMHSA/CBHSQ Confidential Data Use and Nondisclosure Agreement and the Confidential Data Procedures Manual for the SAMHSA/CBHSQ Data Portal.
	2. I have completed the required SAMHSA/CBHSQ confidentiality training that covered applicable federal laws (including CIPSEA, the Public Health Service Act, and the Privacy Act), security requirements, and disclosure review of researcher results within the last year and understand these requirements and penalties associated with unauthorized disclosures of Confidential Data.
	3. I will only use the Confidential Data obtained under the Confidential Data Use and Nondisclosure Agreement for statistical purposes as defined by the Confidential Information Protection and Statistical Efficiency Act of 2002 (CIPSEA).
	4. I will not share, release, disclose or redistribute any Confidential Data. I further understand that I

am subject to the penalties of federal law for unauthorized disclosures of any Confidential Data.

* 1. I will not make any disclosures or publication of the data where a responding entity could be identified or the data furnished by or related to any particular responding entity could be identified.

I do solemnly swear (or affirm) that I will observe and follow all of the requirements listed above as attested to by my signature below.

**Signature Date**

**Subscribed and sworn (or affirmed) before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_**

**at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (city), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state). Witness by my hand and official Seal.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Notary Public Signature) [SEAL]**

**My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Note: The penalty for unlawful disclosure of Confidential Data under this affidavit is a fine of not more than $250,000, or imprisonment for not more than five years, or both (see P.L. 107-347, Title V, Section 513). The word "swear" may be stricken when a person elects to affirm the affidavit rather than swear to it.