

Appendix IV:

Designated Agent – NCHS Research Data Center (RDC)

To be completed by the NCHS staff member and the researcher

As required by the Privacy Act of 1974, the personal information being requested will be kept confidential and will be used only for the purpose of identifying a researcher who may be granted designated agent status. Providing the information is strictly voluntary; however, not providing it will prevent you from being considered for agent status.

PART A

Name (last, first, middle): _____

Date of Birth (month, day, year): _____

Social Security Number: _____

Citizen of the United States: Yes: ___ No: ___

If not, citizen of which country: _____

Local home address
(street, city, state, zip code): _____

Legal address, if different
(street, city, state, zip code): _____

Telephone numbers. Home: _____

Cell: _____

Designated Agent's employer: _____

Name of supervisor: _____

Work address: _____

Work Telephone numbers: Agent: _____

Supervisor: _____

PART B

Reason for presence at NCHS – Title of Project, as listed in the approved project proposal, and up to 5 keywords that describe it.

Title: _____

Keywords: _____

Time period agent expects to work in the NCHS RDC:

From (month/day/year): ____/ ____/ 20____ To (month/day/year): ____/ ____/ 20____

PART C

Affidavit of Non-Disclosure

I, (name) _____, do solemnly swear (or affirm) I will observe all policies and procedures to protect the confidentiality of data to which I will have access in the RDC as set forth in the attached NCHS Research Data Center Procedures and Costs for Use of the Research Data Center and that I will not disclose confidential information, either while an agent or after, contained in data files, lists, or reports created using National Center for Health Statistics data, as specified under section 308 (d) of the Public Health Service Act and under penalties* set forth in §513 of the Confidential Information Protection and Statistical Efficiency Act of 2002 (PL 107-347, title V), 44 USC 3501 note.

Signature of Designated Agent: _____

Subscribed and sworn (or affirmed) before me this ____ day of _____, 20__.

At (city) _____ (state) _____

[SEAL] (Notary Public Signature) _____

My commission expires: _____ Title (Officer/Notary Public): _____

RDC employee supervising the Designated Agent:

Printed Name: _____ Signature: _____

NCHS Confidentiality Officer:

Alvan O. Zarate Signature: _____

Note: The oath of non-disclosure must be administered by a person specified in 5 U.S.C. §2903. The word “swear,” wherever it appears above, should be stricken out when the appointee elects to affirm rather than swear to the affidavit; only these words may be stricken, and only when the appointee elects to affirm the affidavit.

*Whoever, being an officer, employee, or agent of an agency acquiring information for exclusively statistical purposes, having taken and subscribed the oath of office, or having sworn to observe the limitations imposed by section 512, comes into possession of such information by reason of his or her being an officer, employee, or agent and, knowing that the disclosure of the specific information is prohibited under the provisions of this title, willfully discloses the information in any manner to a person or agency not entitled to receive it, shall be guilty of a **class E felony** and **imprisoned for not more than 5 years**, or fined not more than **\$250,000**, or both.