

Confidentiality Statement

Purpose: This form is for all users of SSA sensitive data to certify that they understand SSA's security, confidentiality and ethics requirements.

I understand the SSA security, confidentiality and ethics requirements and agree that:

1. I will comply with all the confidentiality and legal requirements as stated in the contract, Memorandum of Agreement (MOA), or other documentation when using SSA sensitive data at the following secure site (e.g. stand alone computer in locked room at federal/state agency)

I will only work with SSA data at the above centralized secure site. I will not remotely connect to SSA data from any alternate work location or from my home. I will not transport SSA data to any other location.

2. I will follow all security and safeguard provisions as described in the SSA Data Protection Plan when using SSA sensitive data.
3. I agree not to construct and maintain, for a period longer than stated in the contract, MOA, or other documentation, any file containing SSA sensitive data unless explicitly agreed to by SSA in writing.
4. I agree not to link any other data to the SSA sensitive data described in the contract, MOA, or other documentation or any derived dataset (s) unless explicitly agreed to by SSA in writing.
5. I will use proprietary software, i.e. computer software that complies with Federal copyright laws and licensing agreements.
6. I agree to keep confidential any third-party proprietary information that may be entrusted to me as part of the contract, MOA, or other documentation.
7. I will not release or disclose any information subject to the Privacy Act of 1974, section 6103 of the Internal Revenue Code, SSA Regulation 1 (20 C.F.R. Part 401), and section 1106 of the Social Security Act to any unauthorized person.
8. I understand that I may be subject to a site inspection (s) by SSA to ensure that adequate security safeguards, controls and confidentiality are maintained as specified in the SSA data protection plan and in the contract, MOA, or other documentation.
9. I understand that disclosure of any information to parties not authorized by SSA may lead to civil or criminal prosecution under Federal law and/or regulations.
10. I understand that I can be subject to a personnel security and suitability background investigation.

User Signature

Date

Print User Name Clearly

Title/Affiliation

Clearly print a description of your role/function for this research (e.g. authorized user/analyst of the data received from SSA)