

Name: _____

I understand that to uphold professional ethical standards, the work I conduct for the Institute for Research on Poverty involving access to confidential data is directed and regulated by this confidentiality agreement. Furthermore, I realize that public assistance records and documents are subject to strict confidentiality requirements imposed by state and federal law, including Wisconsin Statute 49.83.

I certify that I have received training regarding the state and federal laws and University and IRP policies that govern access to and use of confidential information collected by or on behalf of IRP and administrative data collected by federal and state agencies and provided to IRP for research purposes.

I understand that I am being granted access to this information and data based on my agreement to comply with the following terms and conditions:

(initial)

I will protect the confidentiality of individuals in research data and materials. I understand that all information concerning studied individuals is privileged information and must never be released or reported to any person not immediately involved in the research.

State agencies (data owners) must provide support and approval for any and all uses of data.

I understand that access to Wisconsin State administrative data is provided for only the projects on which I am an authorized data user, and that data cannot be used for any other purpose or project.

All data containing personal identifiers remain on the SSCC SILO WinRD server (accessible to IRP programming staff).

I will not attempt to identify any individuals in data sets provided for analysis on the SSCC SILO WinLDS server.

I will not remove files with individual-level data from the SSCC SILO WinLDS server. Only aggregate information may be removed.

I will prevent others' access to my Silo session by locking my screen (ctrl+alt+delete) or by logging out of WinLDS when I temporarily leave my computer.

I will not share any of my passwords that allow access to data, nor will I use these password(s) for other purposes, such as to gain access to an internet site.

I will only access IRP confidential data on Silo WinLDS from non-public locations, such as a campus or home office.

I will not make any public presentation (including poster sessions) or submission for publication of research or reports using administrative data **without the prior review of the department providing the data. I will provide presentations to IRP for review at least 30 days prior to release.** Any submissions for publication will be provided at the time of submission, and copies of contracted reports at the time of delivery to grantor. I will include any required disclaimers with publicly released materials. www.irp.wisc.edu/irp-data-security-and-access/

I understand that by signing this document I have pledged to adhere to these principles. Furthermore, I realize that any unauthorized reporting, use, or distribution of privileged information obtained in the course of my work for I may be grounds for my dismissal from employment and may subject me to other penalties, both civil and criminal.

Signature

Date

Have I Completed All Of The Requirements For Access To IRP Confidential Data?

Name: _____

I have a [UW NetID](#) and an [SSCC member agency account](#) (Non-UW collaborators will only need a UW NetID if a HIPAA training course is not provided by their home institution)

My project(s) has all required state agency approvals

I am working on a project(s) that is considered human subjects research:

I am already listed on the [Study Team](#) for the approved IRB protocol for project(s)

I have completed the [UW online human subjects training](#) (non-UW collaborators do not need to take the UW training, but can use their institution's training certification)

I have completed an [Outside Activities Report](#) for the current year (UW faculty, staff, and students only. Look up your 2019 OAR status [here](#)).

I have completed IRP Data Security Training. I have read the Data Security Manual, and understand that IRP data security training is renewed annually for continued access. I have returned the following forms to Maggie Townsend:

IRP Confidentiality and Data Security Agreement

Project Data Descriptions

I already have access to Silo WinLDS:

I have completed this year's [UW HIPAA Training Requirement](#) (or home institution training)

I do not already have access to Silo WinLDS, and will need access for the first time:

I have completed this year's [UW HIPAA Training Requirement](#) (or home institution training)

I have read the [Using Silo WinLDS](#) documentation

I have returned my signed SSCC Silo Access Agreement to Maggie Townsend

I have [changed my SSCC account password](#) to a new one, which is at least 14 characters long

I will use the mobile device app for 2-factor authentication, OR I have contacted Maggie Townsend about using a piece of hardware (key fob) from IRP instead

I have downloaded the Citrix Receiver and have tested my 2-factor authentication

Notes: _____

Name: _____

Use this form to enter info on projects on which you are personnel.
Use the following page for projects on which you are the PI.

PROJECT NAME and PI

PROJECT DATA:

- ☐ Child care subsidies
- ☐ Child support
- ☐ W-2/TANF/AFDC
- ☐ DOC/Milwaukee Jail
- ☐ SNAP/Food Stamps
- ☐ Medicaid/BadgerCare
- ☐ Child Welfare
- ☐ UI benefits/wages
- ☐ Housing subsidies
- ☐ SS/SSI/SSDI/CTS
- ☐ Other: _____

Version: ☐ MSPF2017 ☐ MSPF2018

Other: _____

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Other: _____

Principal Investigator Project Descriptions (this form is for Project PI's only)

List data information and data access personnel for each project for which you are PI

Project Title: _____

Approved Data: ☐ MSPF2016 ☐ MSPF2017 ☐ MSPF2018 notes: _____

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☐ UI benefits/wages ☐ DOC/Milwaukee Jail ☐ Other: _____

Project Personnel: _____

I acknowledge responsibility for the compliance of project personnel with all established data security policy and procedures.

Project Title: _____

Approved Data: ☐ MSPF2016 ☐ MSPF2017 ☐ MSPF2018 notes: _____

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