

# Living Well With a Disability Workshop Non Disclosure Agreement



## Living Well with a Disability Data Collection and Data Entry Personnel

I will not disclose any personally identifiable information provided by Living Well with a Disability (LWD) workshop participants. I will follow the data security protocols as outlined in the Implementation Guide. If involved in data entry, I will only share the data via the designated, encrypted, password protected database authorized by the Administration for Community Living, including Compass. After the data are entered, I will store all forms in a secure, locked cabinet, if forms are not destroyed.

I understand that unauthorized disclosure of any sensitive LWD participant data may subject me to disciplinary and adverse administrative action.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Living Well Coordinator's Name