

## Healthy Living: Self-Management of Chronic Conditions

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### **Non-Disclosure Agreement for Administration for Community Living Chronic Disease Self-Management Education Program Data Collection and Data Entry Personnel**

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**Workshop Facilitators: Please carefully read and sign this non-disclosure agreement prior to facilitating your Healthy Living workshop. If you have any questions, please contact the Survey Coordinator at the AZLWI.**

I will not disclose any personally identifiable information provided by Chronic Disease Self-Management Education Program (CDSME) workshop participants. More specifically I will not disclose any data provided in the Participant Information Survey and will follow all standard safeguards for protecting this information, including transmitting the forms in sealed envelopes and storing them in secure, locked locations. 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. After the data is entered, I will destroy the forms.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization

***If you have any questions about these forms, please contact the AZLWI at (480) 968-1111.***

**Attn: Survey Coordinator  
Arizona Living Well Institute  
2066 West Apache Trail, Suite 116  
Apache Junction, AZ 85120  
[suddcfh@azlwi.org](mailto:suddcfh@azlwi.org)**

