



Leader's Non-Disclosure Agreement

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

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

Name (please print)

Signature

Date