AFFIDAVIT OF ORGANIZATION OFFICIAL AUTHORIZED TO EXECUTE AGREEMENTS

Project Title: __________________________________________

State of ____________________________

County of ____________________________

I ____________________________, being duly sworn, depose and state:

1. That I am the person authorized to sign on behalf of __________________________ (organization name), and my signature indicates organization support and responsibility for the data obtained from the New York City Department of Health and Mental Hygiene through this application.

2. That I am aware that N.Y. Penal Law §155.05 defines larceny as a wrongful taking of property by a false premise and that N.Y. Penal Law §155.30 states the larceny of property consisting of a public record is a class E felony, punishable by up to four years imprisonment.

3. That I am aware that N.Y. Penal Law §175.30 makes it a class A misdemeanor, punishable by up to one year imprisonment, to offer a written instrument containing a false statement or false information for filing with a public servant with the belief that such instrument will be filed as part of the records of such public servant.

4. That I am aware that N.Y. Penal Law §210.35 makes it a class A misdemeanor, punishable by up to one year imprisonment, to subscribe and swear to a false statement with knowledge that such statement is false.

5. That the data obtained from the New York City Department of Health and Mental Hygiene will be held confidential and stored in a secure environment (such as locked file cabinets and password protected computer files), with access limited to authorized staff on a need-to-know basis.

6. That all data obtained from the New York City Department of Health and Mental Hygiene will be used only for research and statistical purposes. No data will be published or released in any form where a particular individual or establishment therein described is directly or indirectly identifiable. Furthermore, the identifiable information will not be used as a basis for legal, administrative, or other actions that may affect those particular individuals or establishments as a result of their specific identification in this project.

7. That all identifiable data obtained from the New York City Department of Health and Mental Hygiene will be used only for the project proposed and the purposes described in Section II of the application. Use of the information for a project other than the one described in II above will not be undertaken and separate application form for that project has been submitted to and approved by the New York City Department of Health and Mental Hygiene.
8. That no identifiable data obtained from the New York City Department of Health and Mental Hygiene will be released to anyone or any institution without the prior written approval of the New York City Department of Health and Mental Hygiene.

9. That I will ensure that all staff, contractors and consultants are aware of the confidentiality, security requirements, and restricted use of the data obtained from the New York City Department of Health and Mental Hygiene and of the penalties for its unauthorized use or release.

10. That I authorize the New York City Department of Health and Mental Hygiene to perform on-site unannounced audits of the use and security of the data obtained.

11. That identifiable information will be disposed of in a confidential manner within one year of the date of the original release unless an extension is requested of and approved by the New York City Department of Health and Mental Hygiene. I understand that identifiable information includes: certificate numbers, names, dates, social security numbers, addresses, institution names and any other information that may identify an individual. Anything that contains identifiable information will be destroyed. This includes original certificate copies, computer files and/or their abstracts and any reproductions obtained, either directly or indirectly from the New York City Department of Health and Mental Hygiene or through the National Death Index (NDI).

12. That any publication or report produced using the data will be in accordance with the terms of this application and is to contain the following statement:

   The information contained herein was derived from data provided by the Office of Vital Statistics,
   New York City Department of Health and Mental Hygiene

13. That I have reviewed the application form, and all statements made in the application form and any attached supplemental affidavit forms are true, complete and correct to the best of my knowledge and belief.

__________________________________________________________
Signature of Official Authorized
to Execute Agreements

__________________________________________________________
Name

__________________________________________________________
Title

Subscribed and sworn to before me
on this ___ day of ___,___ 20 ___

__________________________________________________________
Organization Name

Notarization

8/01/02