## ATTACHMENT 3.1-2 TO RMPP 3.1, REVISION 0 NONDISCLOSURE STATEMENT

I have information that I wish to provide in confidence to the Vermont Department of Health (Department), Radioactive Materials Program (RMP). I request that the RMP not reveal that I am the source of the information.

During an inquiry or investigation, the RMP will make its best effort to avoid actions that would clearly be expected to result in disclosure of my identity.

My identity may be divulged outside the RMP in any one or more of the following the following situations:

- (1) When disclosure is necessary because of an overriding safety issue. The RMP staff will attempt to contact me prior to any disclosure.
- (2) When a court orders such disclosure.
- (3) When requested by RMP judiciary proceedings.
- (4) In response to a legislative request. While such a request will be handled on a case-by-case basis, the RMP will make its best effort to limit the disclosure to the extent possible.
- (5) When requested by a federal or state agency in furtherance of its statutory responsibilities and the RMP finds that furtherance of the public interest requires such release.
- (6) When the State of Vermont Attorney General or a local or state law enforcement agency is pursuing an investigation, my identity may be disclosed without my knowledge or consent.
- (7) When I have taken actions that are inconsistent with and override the purpose of protecting my identity.
- (8) Disclosure is mandated by Code of Vermont, 1 V.S.A. § 315, Vermont Freedom of Information Act.

My identity will be withheld from RMP staff, except on a need-to-know basis. Consequently, I acknowledge that if I have further contacts with RMP personnel, I cannot expect that those people will be cognizant of my desire to remain anonymous, and it will be my responsibility to bring that point to their attention if I desire similar treatment for the information provided to them.

I have read and fully understand the information above.

Signature	nre: Date:	
Address:	s:	