

# May ISD Confidentiality Procedures Acknowledgement

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As an employee of the May ISD, I understand that I may have access to confidential information about students, students' families, and coworkers. My signature below recognizes and acknowledges that confidential information is to be treated as such as required by board policy, state, and federal law. Any disclosure of confidential information will be made in accordance with applicable board policy and law.

By signing below, I am indicating my understanding of my responsibilities to maintain confidential information and agree to the following:

1. I understand that unless my specific job duties require the disclosure of confidential information or the viewing of confidential records, no discussion of confidential information will occur in or out of the workplace.
2. I agree that all discussions, records, and information generated or maintained in connection with my job duties and responsibilities will not be disclosed to any unauthorized personnel. Unauthorized personnel include anyone who does not have an educational or reasonable need to know the information.
3. I understand that any confidential discussion held in connection with my job duties and responsibilities will be conducted in private in a location where other coworkers, students, parents, or the community at large cannot hear.
4. I understand that any confidential records and written information generated or maintained in connection with my job duties and responsibilities will be maintained in private in a location where other coworkers, students, parents, or the community at large do not have open access to viewing. This includes but is not limited to keeping private any information on a computer that I may be assigned; not allowing unauthorized access to my computer; and maintaining written documents or reports in areas, cabinets, and/or drawers not easily accessible to viewing. The work area should be reviewed at the end of each workday before leaving to ensure all confidential information has been properly secured.
5. I agree to notify my supervisor immediately should I become aware of a breach of the confidentiality of any information, whether this be on my part or on the part of another person.
6. I understand that a breach of these confidentiality procedures may be grounds for disciplinary action including but not limited to: verbal reprimand, written reprimand, suspension (with or without pay) from duty as determined appropriate, reassignment of job responsibilities, and/or termination.
7. I accept the above directives and expectations of the May ISD and will take all steps necessary to ensure the confidentiality of all district records is maintained.

Employee's Printed Name \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

