

Confidentiality Agreement

This is to certify that I, _____, a student teacher, student nurse, substitute teacher/ para educator, or volunteer at Southern Local School District understand that any information (written, verbal or other form) obtained during the performance of my duties must remain confidential. This includes all information about students, families, employees, and other associate organizations, as well as any other information marked or known to be confidential (HIPAA and/or FERPA).

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from this breach. I also understand that any breach of the duty to maintain confidentiality could result in an investigation by the Ohio State Board of Education Licensure Code of Professional Conduct for Ohio Educators and could result in disciplinary action or loss of licensure.

Signature

Date