**Confidentiality of Student Health Information**

In the course of my employment or association with \_\_\_\_\_\_\_ School District, I understand that printed, electronic, and oral communications concerning ALL student health information are confidential. Such information can be accessed directly only by certain designated individuals and only for legitimate health purposes. Any keys to any files and any computer password assigned to me for whom I am responsible will be kept confidential. I understand that release of any student health information in printed, verbal, electronic, or any other form by unauthorized personnel is a violation of school district standards for school employees and contracted service providers.

I understand that improper release of student health information in printed, verbal, electronic, or any other form is a violation of district policy for both employees, contracted service providers, and volunteers is cause for disciplinary action and can result in termination of employment and in some cases, civil liability.

If I have any questions concerning the confidentiality of student health information, I will consult my immediate supervisor, the school nurse, or the school principal.

I have read, understand, and accept the above statements.

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| Click or tap here to enter text. |  | Click or tap to enter a date. |

Signature of School Staff Member Date