



Confidentiality

Pledge _____

TO: Substitute Teachers, Nurses, Secretaries, and Aides

FROM: Thomas R. Mitchell, Acting Superintendent

Please read and sign this notification one time per building in which you are temporarily employed. Your signature, designating that you have read, understood, and intend to honor the confidentiality obligations of our district, will be retained in a file in each building.

Your signature will indicate that you agree to honor the obligations of confidentiality as per the Health Insurance Portability and Accountability Act, as well as the Family Education Rights and Privacy Act regarding the confidentiality of educational records. You will accomplish this by not revealing any information you may acquire during your temporary employment with the district, that might violate a student or a fellow employee's right to privacy. This includes but is not limited to grade reports and health records.

Your signature will also indicate that you understand that a breach of confidentiality would be taken seriously to the extent that you may jeopardize your temporary employment as well as your chances of retaining permanent employment in this district.

Printed Name: _____

Signature: _____

Date: _____