Core Educational Cooperative

**Confidentiality Agreement**

1. **Purpose**. The purpose of this Confidentiality Agreement is to protect the identity and privacy of our students and families. Staff and Volunteers at the cooperative encounter personal and sensitive information about students. Individuals wishing to observe cooperative staff will abide by the same agreements.
2. **Confidential Information**. Confidential student information should never be discussed in the presence of third parties, except under the Terms outlined below. Any files and/or documents containing confidential information should never be shared or released to third parties, except under the Terms outlined below. Confidential information includes, but is not limited to, the following:
	1. Identifying information about the student, including name, address or phone number, id number;
	2. Information relating to the student’s family;
	3. Information regarding the student’s immigration status;
	4. Information about the abuse, trauma, and/or persecution experienced by the student; or
	5. Evaluation or eligibility information included in protocols or reports.
	6. Specific information or questions within evaluation instruments.
3. **Terms**. By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions:
	1. All communications between cooperative staff, volunteers, and students are confidential.
	2. The staff or volunteer shall not disclose confidential information to a third party without the student’s or parent/guardian’s express consent to release such information.
	3. The staff or volunteer shall not disclose confidential information to a third party without cooperative’s knowledge and consent.
	4. I understand that as a staff or volunteer, I have a duty to keep student information confidential throughout my term as a staff or volunteer as well as after my employment or volunteer status ends.
	5. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my participation as a staff or volunteer at the cooperative.

I, (print name), have read the above the Cooperative’s Confidentiality Agreement and understand its terms and my responsibilities as a volunteer.

Signature Signature of Supervisor Date