

## CONFIDENTIALITY AGREEMENT

As a school employee and assignee of the licensed health care provider on staff, I understand that I am responsible for maintaining the confidentiality of any data/information collected, maintained, stored or analyzed within CHILD Profile that I may handle during the course of my employment. Release of any data/information and documents must be in accordance with public disclosure or research laws and policies or other laws and policies controlling specific data/information.

I have read the *Confidentiality, Privacy and School Access to the Immunization Registry* statement regarding disclosure to School Nurses and understand the responsibilities I am assigned by the School Nurse. I recognize and respect the confidential nature of any data/information I may have access to in using the CHILD Profile Immunization Registry. I will not at any time, nor in any manner, either directly or indirectly divulge, disclose, release, or communicate any confidential data/information to any third party outside the scope of my position unless authorized under the laws and policies indicated in the disclosure document. I recognize that maintaining confidentiality includes not discussing confidential data/information outside of the workplace. I agree to limit my own access to person-specific data in the CHILD Profile system to that which is necessary to perform my job duties.

I understand that if I discuss, release, or otherwise disclose confidential data/information outside of the scope of this policy through any means, I may be subject to disciplinary action, which may include termination of employment.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Date received by School Nurse: \_\_\_\_\_

Prior to registry access, a signed copy of this form completed by each assignee will be kept on file by the school nurse.