

Lexington District Four
Confidentiality Agreement

*As individuals who are working or assisting in a professional school setting, you could have access to confidential information concerning students in order to perform your responsibilities. Confidential information concerning students is disclosed only 1) among professionals, 2) with primary caregivers, or 3) as required by law. Only persons who need information "to carry out their assigned duties and who have a legitimate educational interest ("**need to know**") will have access to or may receive information". Professional and ethical behavior warrants that confidential information regarding any student not be shared in any communication format outside the "**need-to-know**" stipulation. As an individual providing services to Lexington District Four, I understand the responsibility I have to maintain the confidentiality of every student.*

- I will not discuss written, observed, or verbal information about any student for which I have access with any professional staff member who does not have a "need-to-know" purpose.*
- I will not discuss written, observed, or verbal information about any student for which I have access with anyone except biological parents, legal guardians, or foster parents.*
- I will not discuss written, observed, or verbal information about any student for which I have access in the presence of others including public places, school hallways/teacher lounges, etc.*
- I will not publish any student information such as grades or test results in a way as to lead to the identification of any student or group of students.*
- I will not jeopardize the integrity of secure student data contained in the district's student management systems by allowing open access to any computer or sharing a password.*

At all times, I will adhere to all policies, rules, and practices of Lexington District Four, as well as state and federal laws. I understand that violation of the confidentiality of any student could result in civil/criminal prosecution and/or removal from providing services in Lexington School District Four.

I hereby agree to maintain the confidentiality of all student-related information and data for which I have access.

Print Name: _____

Signature: _____

School: _____

Date: _____