

Little Falls Township Public Schools

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SCHOOL STAFF CONFIDENTIALITY STATEMENT

STUDENT HEALTH INFORMATION

In the course of my employment or association with the 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. Release of any student health information in printed, verbal, electronic, or any other form by unauthorized personnel is a major violation of school district standards for school employees and contracted service providers.

I have reviewed the school district's policies regarding confidentiality of student health information. I understand that improper release of student health information 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 or the school principal.

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

Signature of School Staff Member

Date