



# RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street      ≈      Spring Green, Wisconsin 53588      ≈      Phone: 608-588-2551

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861-Exhibit 1

## Confidentiality Agreement

I understand I may see or hear confidential information in any form (oral, written, or electronic) regarding:

- STUDENTS AND/OR THEIR FAMILY MEMBERS  
(such as student records, conversations, conferences, health, discipline)
- EMPLOYEES (such as employment records, health information)

I will protect the confidentiality of this information and will not seek to access information that is not necessary for me to know.

### I AGREE THAT:

1. I will protect the confidentiality of students, families, and employees.
2. I will not misuse confidential information and I will only access information I have been instructed or authorized to access.
3. I will not share, change, or destroy any confidential information unless it is part of my job to do so.
4. If I have access to electronic equipment and/or records, I will keep my computer password secret and I will not share it with any unauthorized individual.
5. If I have access to confidential records, I will not make unauthorized copies of those records.
6. If I am going to post pictures to my own social media site(s) of multiple students, I will check with school personnel to make sure I am not violating a personal confidentiality agreement.
7. I understand and will abide by the RVSD Acceptable Use of Networked Computers, Electronic Mail, and Internet Safety Policy #743. I further understand that any violation of these guidelines may result in loss of access to the network, as well as other disciplinary or legal action.

### Examples of Breaches of Confidentiality (What you should NOT do)

These are examples only and do not include all possible breaches of confidentiality:

- Unauthorized reading of confidential information.
- Unauthorized access to information on friends or co-workers.
- Discussing confidential information in public areas.
- Posting photos on personal social media sites without seeking permission.

*I understand that I am responsible for my use or misuse of confidential information. I understand that I must also comply with any laws, regulations, and district policies pertaining to disclosure and maintenance of confidential information.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
(if under age 18)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

APPROVED:      October 10, 2013  
 REVISED:      December 12, 2013  
 APPROVED:      January 9, 2014  
 REVISED:      January 25, 2018  
 APPROVED:      February 8, 2017