



RIVER VALLEY SCHOOL DISTRICT

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

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