



Office of Field Services
102 Stevens Hall Clarion, PA 16214
814.393.2144
814.393.2426 fax

CONFIDENTIALITY / LIABILITY AGREEMENT

I understand that federal and commonwealth laws guarantee the right of confidentiality to each and every person enrolled in all educational institutions/agencies. (Family Educational Rights and Privacy Act -FERPA)

I will respect the privacy of children/clients, families, and school/agency personnel and protect the confidentiality of personal information that I encounter. I understand that I must respect this right during all interactions regarding the children and staff, both within and outside, of the educational institutions/agencies.

I also understand that I can be held personally liable if I violate, at any time, a child's and/or a staff's right to confidentiality.

I understand that Clarion University offers no liability protection should a breach of confidentiality occur.

Furthermore, I understand that I must have personal liability insurance, \$1,000,000 per claim, to cover any claim.

NAME: _____ (Please Print)

SIGNATURE: _____ DATE: _____

SIGNATURE of WITNESS: _____ DATE _____