

Confidentiality Statement for Classroom or Therapy Observations

The Illinois School Student Records Act, federal Families Education Rights and Privacy Act, federal Health Insurance Portability and Accountability Act (HIPAA), and their respective regulations protect the confidentiality of medical, educational, and personal information of students. Such information may not be disclosed except as authorized by law or as authorized by student's parent/legal guardian. These privacy laws and regulations apply to all persons, including all persons conducting observations in educational settings. All observers are required to agree to and sign this confidentiality statement.

I understand that, as an observer, I may see, hear, or be exposed to confidential information about students, such as medical information, information about a student's disability, educational performance, and educational services received, or other educationally related information about a student.

I acknowledge that it is my responsibility to respect the privacy and confidentiality of this information. I will not access, use, or disclose any confidential information outside of my observation of student: _____.

I understand that if I breach any provision of this Agreement, I may be subject to civil or criminal liability.

Observer's Name (Please Print)

Observer's Signature

Date