

## Lakeside Academy of Math, Science and Technology Hamilton County Magnet Schools Volunteer Confidentiality Agreement

In my capacity as a volunteer at Lakeside Academy, I understand that confidentiality is an expectation. By signing this agreement, I acknowledge the following:

- I understand that I may, as a part of my duties, learn personal information about students, parents or staff.
- I understand that this document is intended to inform me of my responsibility to obey the rules of confidentiality and of the liabilities associated with a breach of confidentiality.
- I understand that any personal information learned at Lakeside Academy (including but not limited to names, dates, facts about a person) is to be held in strictest confidence.
- I understand that the rules of confidentiality are federal and state laws intended to protect people from invasion of privacy. All staff and volunteers at Lakeside Academy are bound by these rules.
- I understand that there are penalties associated with a violation of rules of confidentiality that can include immediate dismissal from my duties as a volunteer.
- I understand that by signing this document, I am promising to hold all
  information about students, parents or staff members in confidence, and that I
  will not tell anyone, even a close friend or family member, what I have learned
  about a person or family during my work at Lakeside Academy.
- I understand that this agreement does not preclude my sharing information that indicates a child might be ill, abused, or otherwise at risk with the appropriate staff member and that I am, in fact, obligated to share such information.

Signature	Date