

University of Tennessee at Chattanooga

School Psychology Program

Confidentiality and Information Access Agreement*

The UTC School Psychology Program Faculty are dedicated to safeguarding and maintaining the confidentiality of information related to our students and the “clients” of our students (NOTE: Clients are defined as anyone you see related to course requirements, practicum, research participants, internship, the graduate assistantship, and course requirements.) as well as Program Faculty, staff, and organizational information. “Confidential Information” includes all information that is personally identifiable and non-public. Confidential Information may be paper-based, electronic, or stored or transmitted in some other form. It also may include information that is verbally shared between students, faculty and students, clients and students, clients and faculty, staff and students, and staff and faculty. Examples of Confidential Information include, but are not limited to, the following:

1. Academic information related to school-aged children, clients and/or research participants, such as grades, Individual Education Plans (IEPs), tutoring information, academic records, school placement, and school name;
2. Psychological information related to school-aged children, clients and/or research participants, such as educational classifications, psychological diagnosis, psychological reports, and research data.
3. Family information of school-aged children, clients, and/or research participants, such as income, marriage history, and family member’s information;
4. School psychology student, clients, and staff disciplinary or employment records or related information;
5. Client behavioral plans, such as but not limited to targeted behaviors, progress of treatment, treatment outcomes, and treatment methods;
6. School-aged children, clients, and/or research medical records, such as but not limited to medical history, medication types or usage, and psychological records; and
7. Social Security Numbers, phone numbers, or similar identification codes or numbers (The later may be related to research.).

Access to information does not imply approval to otherwise disclose it. For example, client information (such as telephone numbers, street addresses, diagnosis, medication, psychological reports, etc.) may appear in the client’s file; however disclosure of the same information in another format (text message, verbally sharing, e-mails, phone messages, or other social media) is prohibited.

Protection of Confidential Information requires the following minimum standards, to which I agree as a condition of my continued enrollment in the school psychology program and/or continued employment as a graduate assistant:

1. Download or Transmission of Confidential Information: I will not download or extract Confidential Information to any removable storage such as compact discs or USB flash discs, or transport or transmit such information off-site or to any non-authorized computer system or entity without explicit approval to do so by your faculty supervisor or designee.
2. Access to Confidential Information: I understand and agree that I must safeguard and maintain the confidentiality, integrity, and availability of all Confidential Information at all times. I will only access, use, and/or disclose the minimum Confidential Information necessary to perform my assigned duties as a school psychology student and/or graduate assistant. I will not disclose such information to any other individuals/organizations for any reason.
3. Desktop and Laptop Computer Security: If any computer under my control may be used to access, transmit, or store Confidential Information I will to the best of my ability maintain the security of this computer including the use of passwords, password protected "screen savers", approved anti-virus and anti-spyware software, and other measures. I will refrain from using unapproved "adware", "shareware", "freeware", or any other unauthorized software. I will also remove any software that is no longer needed and promptly install and update security patches and updates for all software installed on my desktop or laptop computer system.
4. I agree to encrypt or otherwise password protect all confidential information on my computer and flash drives.
5. I agree that I will not share any personal information (e.g., phone numbers, social security numbers, health information, psychological information, etc.) related to clients, other students in the school psychology program, and school psychology faculty with anyone outside of the University without the consent of the associated individual.
6. I agree not to discuss any information related to clients, other students, faculty, or staff with unauthorized individuals while I am a student in the UTC School Psychology Program and after I am no longer a student at UTC.
7. I agree to not discuss or share in any form (written or verbal) my graduate assistantship activities with other students, faculty, or staff members unless I have permission from my graduate assistantship faculty supervisor.
8. I agree that information that is shared with me by clients, faculty, graduate assistantship supervisors, and staff will not be shared with anyone outside of the School Psychology Program at UTC.
9. I understand that videotaping and/or photographing any minors in a school setting

without written consent of the parent/legal guardian is not allowable, and I will not do so without securing the appropriate permission to do so.

10. I agree that I will not text, email, or use any social media site (e.g., Facebook, Twitter) to exchange inappropriate information or share information related to clients, other students in the school psychology programs, faculty, staff, and field-based supervisors or other personnel.
11. Sanctions: I understand that violations of this Agreement may result in disciplinary action, which may include termination as a student within the school psychology programs, suspension and loss of privileges, termination of authorization to work with Confidential Information, as well as legal sanctions.
12. I agree not to gossip or confabulate information related to clients, other students within the school psychology programs, faculty, or staff while a student and after I am not a student.

By signing this Agreement, I acknowledge that I have read and fully understand and agree to comply with all of its terms and conditions.

Student's Signature

Date

Student's Printed Name

**Witness's Signature

Date

Witness's Printed Name

*This form must be signed at the beginning of each academic year prior to starting courses, practicum, internship, research, and your graduate assistantship.

**The witness should be the Coordinator of the School Psychology Program or a school psychology faculty member.

NOTE: This form was adapted from materials provided by David McIntosh, Ph.D., Ball State University