

Candidate Confidentiality and Non-Disclosure Agreement

I, _____ (Name) understand and accept the following conditions regarding confidentiality and non-disclosure of confidential information while completing my clinical experience at _____ (the "school").

1. In the performance of my clinical experience, I will be given access to data and information the school has determined to be confidential. This includes student records and may also include records of faculty or staff, business information, correspondence and other material.
2. Confidential information may come in various forms and formats including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form, visual and verbal.
3. I am familiar with and understand the Family Educational Rights Privacy Act ("FERPA") and its application to student education records. I am also aware that in New York State, [Education Law Section 2-D](#) exceeds FERPA by requiring additional protections of student data as well as teacher and principal annual professional performance ("APPR") data.
4. I will not access confidential information, particularly student data, unless I am authorized by my school supervisor to do so, and I agree to maintain the confidentiality and privacy of confidential information, particularly student data, during and after my clinical experience. I shall not communicate verbally, in writing, by email or any other manner any confidential information to any third party including, my college supervisor as well as other colleagues, fellow students, friends and family members.
5. I am, or agree to become familiar with and comply with the school's data privacy and security policies, the parents' bill of rights, acceptable use policy, [FERPA policies](#), and other policies relating to student data
6. I agree to attend any training on data privacy and security that the school may require.

(Candidate)

(Date)

(School)

(Date)