

I understand and agree that all information revealed to me in the course of my participation in the [insert school name] School Coordination of Services Team is strictly confidential. I agree not to discuss any of this information with non-staff members, unless required to do so by law.

I understand and agree to keep the identities of individuals and families who come in contact with the [insert school name] Coordination of Services Team confidential from any person or entity not having clear legal authority to have such information. I will hold all such information confidential whether I gain this knowledge entirely, or only partially, from my participation in COST.

I understand that the members of the [insert school name] Coordination of Services Team, including staff and service providers, will come from different professional backgrounds. Each may have its own standards and rules governing the sharing and disclosure of information. I agree to hold any information that I receive to the legal standard of confidentiality that would be required of the person who shares the information with me, if that standard is greater than that required by my own profession.

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Print Name & Title

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Signature & Date