
Washington State Immunization Information System

Confidentiality Agreement (School Employees)

As a school employee and assignee of the licensed healthcare provider on staff, I understand that I am responsible for maintaining the confidentiality of any data/information collected, maintained, stored, or analyzed within the Washington State Immunization Information System (the system) that I may handle during the course of my employment. Release of any data/information and documents must be in accordance with public disclosure or research laws and policies or other laws and policies controlling specific data/information.

I have read the *Confidentiality, Privacy, and School Access to the Washington State Immunization Information System* statement regarding disclosure to school nurses and understand the responsibilities I am assigned by the school nurse. I recognize and respect the confidential nature of any data/information I may have access to in using the system. I will not at any time, nor in any manner, either directly or indirectly divulge, disclose, release, or communicate any confidential data/information to any third party outside the scope of my position unless authorized under the laws and policies indicated in the disclosure document. I recognize that maintaining confidentiality includes not discussing confidential data/information outside of the workplace. I agree to limit my own access to person-specific data in the system to that which is necessary to perform my job duties.

I understand that if I discuss, release, or otherwise disclose confidential data/information outside of the scope of this policy through any means, I may be subject to disciplinary action, which may include termination of employment.

Employee signature:

Date:

Employee name (please print):

Date received by school nurse:

Prior to system access, a signed copy of this form completed by each assignee, will be on file with the school nurse.