



### **Volunteer Confidentiality Form**

As a volunteer of Community Education Association, Inc. dba Odyssey Charter School, I understand that some of the information I learn through my volunteering with the school concerns scholar educational and/or medical records. I acknowledge the fact that these records may be protected under the regulations that govern educational records Family Educational Rights and Privacy Act (FERPA) and health records Health Insurance Portability and Accountability Act (HIPAA).

I agree not to disclose any legally protected scholar information to other volunteers who do not have a legitimate educational or medical reason for receiving this information, Odyssey scholars, family members of Odyssey scholars, or members of the public at large.

Such information may include, but is not limited to, grades, assessment scores, disciplinary history, medical history (including diseases, conditions, diagnoses, treatments, medicines taken, etc.), and placement in specific programs (like special education).

I understand that failure to adhere to these provisions may result in discipline measures up to, and including, no volunteering and no further participation in school activities.

Name of Volunteer: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_