

**Coordinated School Health
Confidentiality Acknowledgment Form
(STAFF and VOLUNTEERS)**

By signing below, I am acknowledging my awareness of the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and acknowledging and understand that, as a volunteer for the Department of Education's interests.

I am prohibited from releasing to any unauthorized persons any protected health information which may come to my attention in the course of my duties and that all data is the property of the school system and State of Tennessee and may be requested for reporting to the state Coordinated School Health evaluator and is not the property of the screener.

School systems are expected to follow the Family Educational Rights and Privacy Act (FERPA) requirements that cover health information privacy concerns in the educational setting. For information on FERPA visit the National Association of School Nurses website: <http://www.nasn.org/Default.aspx?tabid=277>.

Signature

Date

Print Name