



College of Education and Human Services
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CONFIDENTIALITY/LIABILITY

I understand that federal and commonwealth laws guarantee the right of confidentiality to each and every person enrolled at all educational institutions/agencies. I understand that I must respect this right during all interactions regarding the children and staff, both within and outside, of the educational institutions/agencies. I also understand that I can be held personally liable if I violate, at any time, a child's and/or staff's right to confidentiality. I understand that Clarion University offers no liability protection should a breach of confidentiality occur. Furthermore, I understand that I must have personal liability insurance, \$1,000,000 per claim, to cover any claim.

Name: _____ (Please Print)

Signature: _____ Date: _____

Signature of Witness: _____ Date: _____