



**California State University, Sacramento**  
**College of Education, School Psychology Program**  
6000 J Street • Eureka Hall  
Sacramento, CA 95819-6709  
(916) 278-6622 • (916) 278-3498 FAX  
<http://edweb.csus.edu/eds/psychology/index.html>

## School Psychology Confidentiality and Information Access Agreement<sup>1</sup>

California State University, Sacramento; the College of Education; the School Psychology Program; and the School Psychology Program Faculty are dedicated to safeguarding and maintaining the confidentiality, integrity, and availability of our clients,<sup>2</sup> fellow school psychology students, all faculty and staff, and organizational information. “Confidential Information” includes all information that is personally identifiable and non-public. Confidential Information may be paper-based, electronic, or stored or transmitted in some other form. It also may include information that is verbally shared between students, faculty and students, clients and students, clients and faculty, staff and students, and staff and faculty. Examples of Confidential Information include, but are not limited to, the following:

1. Academic information related to school-aged children, clients and/or research participants, such as grades, Individual Education Plans (IEPs), tutoring information, academic records, school placement, and school name;
2. Psychological information related to school-aged children, clients and/or research participants, such as educational classifications, psychological diagnosis, psychological reports, and research data.
3. Family information of school-aged children, clients, and/or research participants, such as income, marriage history, and family member’s information;
4. School psychology student, clients, and staff disciplinary or employment records or related information;
5. Client behavioral plans, such as but not limited to targeted behaviors, progress of treatment, treatment outcomes, and treatment methods;
6. School-aged children, clients, and/or research medical records, such as but not limited to medical history, medication types or usage, and psychological records; and
7. Social Security Numbers, phone numbers, or similar identification codes or numbers (The later may be related to research.).

Access to information does not imply approval to otherwise disclose it. For example, client information (such as telephone numbers, street addresses, diagnosis, medication, psychological reports, etc.) may appear in the client’s file; however, disclosure of the same information in another format (text message, verbally sharing, e-mails, phone messages, or other social media) is prohibited.

---

<sup>1</sup> This form must be signed at the beginning of each academic year prior to starting courses, practicum, internship, or research.

<sup>2</sup> Clients are defined as anyone you see related to pre-practicum, practicum, teaching, research participants, internship, the graduate assistantship, and course requirements.

## School Psychology Confidentiality and Information Access Agreement

Protection of Confidential Information requires the following minimum standards, to which I agree as a condition of my continued enrollment in the school psychology program:

1. **Download or Transmission of Confidential Information:** I will not download or extract Confidential Information to any removable storage such as compact discs or USB flash discs, or transport or transmit such information off-site or to any non-authorized computer system or entity without explicit approval to do so by my faculty supervisor or designee.
2. **Access to Confidential Information:** I understand and agree that I must safeguard and maintain the confidentiality, integrity, and availability of all Confidential Information at all times. I will only access, use, and/or disclose the minimum Confidential Information necessary to perform my assigned duties as a school psychology student. I will not disclose such information to any other individuals/organizations for any reason.
3. **Desktop and Laptop Computer Security:** If any computer under my control may be used to access, transmit, or store Confidential Information I will to the best of my ability maintain the security of this computer including the use of passwords, password protected "screen savers," approved anti-virus and anti-spyware software, and other measures as may be required under California State University, Sacramento, and School Psychology Program policies or procedures. I will refrain from using unapproved "adware," "shareware," "freeware," or any other unauthorized software. I will also remove any software that is no longer needed and promptly install and update security patches and updates for all software installed on my desktop or laptop computer system.
4. I agree to encrypt all confidential information on my computer and flash drives.
5. **Duty to Renounce Access:** In the event my duties and responsibilities as a student in the program changes, or in the event my student status ceases for any reason, I affirm that I will maintain the confidentiality, integrity, and availability of all Confidential Information and will promptly notify the School Psychology Program, the School Psychology Coordinator, and my practicum supervisor(s) so that my access to Confidential Information may be property curtailed or removed.
6. I agree that I will not share any personal information (e.g., phone numbers, social security numbers, health information, psychological information, etc.) related to clients, other students in the school psychology program, and school psychology faculty with anyone outside of California State University, Sacramento, and the School Psychology Program.
7. I agree not to discuss any information related to clients, other students, faculty, or staff after I am no longer a student at California State University, Sacramento.
8. I agree to not discuss or share in any form (written or verbal) those graduate student activities not considered public knowledge with other students, faculty, or staff members unless I have permission from my graduate advisor and/or practicum supervisor(s).

## School Psychology Confidentiality and Information Access Agreement

9. I agree that information that is shared by clients, faculty, practicum supervisors, and staff will not be shared with anyone outside of the School Psychology Program at California State University, Sacramento. I also agree not to share information with anyone after I am no longer a student at California State University, Sacramento.
10. I agree that I will not text, email, or use any social media site (e.g., Facebook, Twitter) to exchange information or share information related to clients, other students in the school psychology programs, faculty, and staff.
11. I agree not to gossip or confabulate information related to clients, other students within the school psychology programs, faculty, or staff while a student and after I am not a student.
12. Sanctions: I understand that violations of this Agreement may result in disciplinary action, which may including termination as a student within the school psychology program, suspension and loss of privileges, termination of authorization to work with Confidential Information, as well as legal sanctions.

By signing this Agreement, I acknowledge that I have read and fully understand and agree to comply with all of its terms and conditions.

---

Student's Signature

---

Date

---

Student's Printed Name

---

Witness's Signature<sup>3</sup>

---

Date

---

Witness's Printed Name

---

<sup>3</sup> The witness should be the Program Coordinator, your university practicum supervisor, or a school psychology faculty member.