

SBRS Provider Employee Confidentiality

Authorization has been granted by the Superintendent of Special Education for a student observation for the purpose of assisting with goal setting for the school, home, or community as detailed below.

The scheduling of the observation is at the discretion of the school principal. Legal Guardian written consent is required to facilitate this and the sharing of personal information between the school/Board and External Provider. All legal guardian consent forms are to be placed in the OSR. This Confidentiality Agreement shall be completed by the SBRS Provider staff conducting the observation(s) to ensure compliance with the Board's practices for maintaining security and confidentiality of data and information.

This observation is authorized by the legal guardian and school, and in accordance with CDSBEO Administrative Procedure: Protocol for Partnerships with External Agencies

The observer shall:

- Sign this SBRS Provider Observation and Confidentiality Agreement.
- Produce evidence of a recent (within 1 year) criminal background check with vulnerable sector screening or your name provided in a letter from the Director of the External Provider attesting to your completion of the offence declaration.
- SBRS Provider staff must sign in at the main office and be accompanied by CDSBEO staff.
- Provide a copy of any observation notes to the school principal or designate **prior** to leaving school premises, if applicable. Please note this does not apply to clinical notes.
- Share with the school any reports that are written based on the school observation, if applicable. Please note this does not apply to clinical notes.
- Not record (audio or video) any observations or meetings.

The Catholic District School Board of Eastern Ontario regards security and confidentiality of data and information to be of utmost importance. Pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), visitors to the Board will always uphold complete confidentiality. The Board collects and uses personal information, as defined by the MFIPPA to support the provision of educational services to students of the Board. The management of personal information collected for this purpose is in accordance with applicable laws, including the *Education Act*, MFIPPA and the *Personal Health Information Protection Act* (PHIPPA). These laws require that privacy be protected by establishing rules for access to, collection, use and disclosure of personal Information.

SBRS Provider health and social services observers visiting a school may become privy to information about staff and the social, developmental and learning needs of students. In some cases, information of this nature is imparted to support the development of learning opportunities, services and supports. In other cases, it is simply acquired in the course of contact with students and staff in the school. As a provider, you must ensure that information about all students and staff is held in strict confidence. You must not access, collect, use, or disclose information about any students or staff as a result of your visit except for the purpose of providing the support set out in the CDSBEO Partnership Agreement or as required by law.

Please check the boxes below to indicate your understanding of your obligations with regard to such confidential information.

Acknowledgement and Agreement

- ☐ I understand that this confidentiality agreement relates to an observation of a student(s) *for the purpose of assisting with goal setting for the student, school, home, or community.*
- ☐ I understand that all consultations with students will occur in an assigned confidential space.
- ☐ I understand that ALL student and staff information is confidential. I agree that I will not access, review, disclose or use personal and confidential information except for the purpose of providing the support set out in the CDSBEO Partnership Agreement or as required by law.
- ☐ I understand that my duty of confidentiality continues after the observation has been completed.
- ☐ I understand that any breach of these confidentiality requirements will result in my immediate removal from the school and may result in legal action and/or a report to my employer and regulatory college, as appropriate. The foregoing does not limit the Board's right to any remedy under any legislation or common law not specifically listed but available to the Board.
- ☐ I agree that I will comply with all Board policies and school rules applicable to school staff as well as all directions from school administrators and staff while visiting the school.
- ☐ I understand that I may not record (audio or video) any observation or meeting.
- ☐ I further understand that my authorization to visit the school may be terminated at the discretion of the Superintendent or school Principal at any time if they determine it is in the best interests of the school or the students.
- ☐ I have read this agreement and understand that I may seek and obtain independent legal advice with respect thereto.

Name of SBRS Provider Observer *(please print)*

Signature

Manager or Supervisor of SBRS Provider *(please print)*
Required when the observer is under supervised practice

Signature

Witness Signature

Date