



**San Francisco Unified School District**

***This document is designed for use by SAP/CST/SST members to remind staff of their obligation to not share confidential information unless given written permission. Each member of a SAP/SST team should sign this Oath of Confidentiality before participating in confidential meetings regarding student(s).***

Oath of Confidentiality

I, the undersigned, hereby agree not to divulge or share any information or records concerning any San Francisco Unified School District student, other youth, and/or family members of the greater San Francisco community, without the agreement that information shared in the course of my duties be confidential, and shall only be used for the purpose of developing and implementing services to promote the health and development or to reduce the health risks and problems of students in our schools.

I recognize that any improper discussion of, or release of information concerning a participant to any unauthorized person is forbidden. During the performance of my assigned duties, I will have access to confidential information required for student and family assessments, interventions, and service coordination.

I agree that all discussions, deliberations, records, and information generated and maintained in connection with these activities will not be disclosed to any unauthorized persons.

I agree to the above statement regarding confidentiality.

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Department/School:

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