



HIGH HOPES NON-DISCLOSURE AGREEMENT

The undersigned individual does hereby agree and acknowledge:

That during the course of my activities at High Hopes there may be disclosed to me certain personal information, including but not limited to medical information, about a child and/or family served by High Hopes;

That said information is protected by the provisions of The Health Insurance Portability and Accountability Act of 1996 (“**HIPAA**”) and related applicable federal and state privacy laws, regulations, rules and requirements regarding the protection and security of non-public personal, medical and financial information; and

Information, the disclosure of which is prohibited by the Federal Educational and Privacy Rights Act, 28 USC 1232(g) (“**FERPA**”), including, without limitation, education records of students, and any personally identifiable information contained therein (other than directory information) may become known to me.

THEREFORE, I AGREE that I shall not during, or at any time after the termination of my involvement with High Hopes, use for myself or others, or disclose or divulge to any other person or persons outside of High Hopes staff , except when and to the extent that such disclosure is necessary and in the furtherance of the mission of High Hopes, any confidential information, be it personal, medical, financial, or any other private, personal and confidential of any child or family served by High Hopes in violation of this agreement.

Name (Please print)

Signature

Parent/Guardian (if under 18)

Signed this _____ **day of** _____, **20**_____.