

# MENTORING PARTNERSHIP - POST FALLS SCHOOL DISTRICT



## CONFIDENTIALITY AGREEMENT

I promise that I will hold in confidence all information regarding youth involved in the POST FALLS SCHOOL DISTRICT MENTORING. I will not violate the confidential relationship between the program, youth, and mentors.

I will not remove from the school, agency, or program office any records, or copies of records about the youth. Any records I may be responsible for producing will become, and remain, part of the program files.

I accept full responsibility for maintaining the confidential and private nature of all records and information about the youth. I further understand that I can discuss the case assigned to me only with program staff or within structured mentor support activities.

I understand that I am personally responsible and fully liable for any violation of this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print full name: \_\_\_\_\_

Please return this form to:  
Post Falls School District #273  
Jerry Spreen  
PO Box 40, Post Falls ID 83877  
Phone 208-7731681 Fax 208-777-2572  
jspreen@sd273.com