

## PEER HEALTH EDUCATOR CONFIDENTIALITY AGREEMENT

As a peer health educator, my signature below signifies that I have been informed and understand that any and all personal information students may share with me in the performance of my duties is confidential and is not to be disclosed to any person or agency in any manner.

I further agree to the following conditions:

I will avoid any action or omission that could reveal information that is confidential to any individual, office, or agency.

I will not discuss or share in any manner, with any unauthorized person, information that would lead to the identification of any student with whom I have contact in my capacity as a peer health educator.

If I observe any unauthorized divulgence of confidential information to other persons, I will report this to the Coordinator of Health Education immediately.

I agree to, as soon as is reasonably possible, discuss any potential duty to warn situations with the health educator or other professional staff of Counseling and Substance Abuse Services.

I understand that any noncompliance with these requirements would be grounds for termination of my involvement as a peer health educator.

**I have read and understand this agreement and will abide by the above policies.**

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Peer Health Educator's Signature

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Date

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Coordinator of Health Education's Signature

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Date