



Disability Support - Confidentiality Agreement

Personal information provided to the Community College Coordinator is strictly confidential and is not disclosed without your written consent.

The aim of this agreement is to clarify for both parties what information is acceptable to you for disclosure and the people this can be disclosed to.

Written Confidential information supplied by you is stored in a locked filing cabinet in the staff offices and is only accessible to relevant Community College staff. The only exception to this agreement is when there are legal responsibilities to report issues regarding your safety or the safety of others.

Disclosure of Confidential Information Agreement

I understand that from time to time Community College staff will need to communicate with other relevant Community College staff about my need for services so that I can more effectively access course and assessment requirements.

I also understand that from time to time Community College staff may need to seek information from relevant practitioners about my disability/ mental health issue and/or medical condition to enable them to make decisions about required academic adjustments and support services.

I have read the Community College Disclosure and Confidentiality Policy Statements and understand the purpose of this form.

Or

I had the information read and explained to me and understand the purpose of this form.

Yes

No

In accordance with the information provided above

I,

Hereby give permission for the Community College staff to communicate when necessary with relevant Community College staff or relevant practitioners to assist me access course and assessment requirements.

I give permission for the College to contact the following people:

Lecturing and tutoring staff in the subject/s I am undertaking	Yes	No
Staff arranging and providing tutorial/examination support	Yes	No
Your medical or other relevant professional	Yes	No

I request that the following issues ARE NOT discussed with the following College staff:

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.....

Signature:.....Date:.....