



College of Education and Human Services
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**REHABILITATION SCIENCES
CONFIDENTIALITY/LIABILITY**

I UNDERSTAND THAT FEDERAL AND COMMONWEALTH LAWS GUARANTEE THE RIGHT OF CONFIDENTIALITY TO EACH AND EVERY CLIENT RECEIVING SERVICES AT ALL INSTITUTIONS/AGENCIES. I UNDERSTAND THAT I MUST RESPECT THIS RIGHT DURING ALL INTERACTIONS REGARDING THE CLIENTS AND STAFF, BOTH WITHIN AND OUTSIDE, OF ALL INSTITUTIONS/AGENCIES. I ALSO UNDERSTAND THAT I CAN BE HELD PERSONALLY LIABLE IF I VIOLATE, AT ANY TIME, A CLIENT'S AND/OR A STAFF'S RIGHT TO CONFIDENTIALITY. I UNDERSTAND THAT CLARION UNIVERSITY OFFERS NO LIABILITY PROTECTION SHOULD A BREACH OF CONFIDENTIALITY OCCUR. FURTHERMORE, I UNDERSTAND THAT I MUST HAVE PERSONAL LIABILITY INSURANCE, \$1,000,000 PER CLAIM, TO COVER ANY CLAIM.

Name: _____ (Please Print)

Signature: _____ Date: _____

Signature of Witness: _____ Date: _____