



Disability Support - Confidentiality Agreement

Personal information provided to the New England Community College Inc. 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 office and is only accessible to relevant New England Community College Inc 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 New England Community College Inc staff will need to communicate with other relevant ACE 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 New England Community College Inc 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 New England Community College Inc 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 New England Community College Inc staff to communicate when necessary with relevant New England Community College Inc staff or relevant practitioners to assist me access course and assessment requirements.



I give permission for the New England Community College Inc 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 |
| My medical or other relevant professional | Yes | No |

I request that the following issues ARE NOT discussed with the following New England Community College Inc staff:

.....
.....

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