The University of Southern Mississippi  
School of Social Work  

**Student Confidentiality Agreement**

As a student in the School of Social Work, you will be exposed to personal and private information of clients’ lives both in your classes and your Field Education placements. The confidential nature of the relationship between client, student worker, and agency is a fundamental social right of the client and an ethical and legal responsibility for the student worker and the agency. Confidentiality is the basic means through which social workers protect their clients’ privacy. Responsibility for confidentiality resides with the social worker and is supported by the ethics of the profession as established in the NASW Code of Ethics (1996).

Use of clients’ private information from case records and from student contact with clients is supported for teaching/learning purposes only by Field Education placement agencies. However, students must understand and adhere to the limitations for use of such records and client information. The School of Social Work and Field Education agencies expect students in Field Education placements to adhere to the following policies:

1. Client records should not be taken from the agency.
2. Placement Field Instructor approval is necessary for use of client records/information in the classroom or in Field Education seminars.
3. All identifying information must be deleted from the client record by the use of pseudonyms or “whiting out” identifying information.
4. Any client information used for teaching/learning purposes in the classroom or Field Education seminars, shall be kept confidential and shall not be discussed outside those two approved-for-use settings.
5. Any client information used for research in course work shall assure privacy for the client by nonuse of any identifying information at any point in the research.
6. Prior agency approval shall be obtained before using any client information resulting from research done while in a Field Education placement.

As a student in the School of Social Work, I understand that any breach of this Student Confidentiality Agreement will result in my being requested to appear before the Student Performance Committee of the School of Social Work for consideration of disciplinary action, and may result in my dismissal from the School of Social Work.

____________________                    ____________________                    __________
Student Signature                      Witness Signature                      Date