



Student Health Services  
Telephone: (806) 219-0466  
Fax: (806) 766-6680

**HEALTH SERVICES VOLUNTEER CONFIDENTIALITY STATEMENT**

I understand that all health information to which I have access as a school health volunteer, clinic volunteer or other individual working with student health issues, is confidential. This confidentiality applies to all student information in written, oral or electronic form.

I agree not to discuss any confidential information, including but not limited to any descriptions of situations as well as names of students and/or faculty/staff. I also understand that even when I am no longer a volunteer in the district health services program, confidential information I have learned as a volunteer must be kept confidential.

My signature below indicates that I pledge to share confidential information only with authorized and appropriate school staff members and only on a need to know basis. My signature on this form also indicates that I understand and agree to comply with the conditions stated in any/all LISD Health Services policies/procedures provided to me and on this form.

Guadalupe Carrillo  
PRINTED NAME

3/16/2023  
DATE

Guadalupe Carrillo  
SIGNATURE

1802 66<sup>th</sup> st Apt 19 Lubbock TX 79412  
STREET ADDRESS CITY ZIP CODE

806 787-6314  
HOME PHONE CELL PHONE

Luis Carrillo 214-477-2112  
EMERGENCY CONTACT EMERGENCY CONTACT PHONE NUMBER