



Campus Assessment, Referral and Evaluation (CARE) Team

Annual Confidentiality and Training Agreement

I, _____ understand that the University of South Carolina Upstate (hereafter known as “University”) has established the CARE Team to assist in addressing situations where students, staff or faculty are displaying behaviors that are disruptive, threatening, or concerning in nature that potentially impede their own or others’ ability to function successfully or safely. These procedures are designed to help identify persons whose behaviors potentially endanger their own or others’ health and safety or are disruptive to the educational or administrative processes of the University.

Please initial each statement below:

___ I understand the mission, goals and procedures of the CARE Team, and agree to participate in meetings and training to the best of my ability.

___ I understand that all records (including but not limited to paper, fax, electronic mail, Maxient software system, RUOK? Reports, Student Incident Reports, phone, verbal) associated with the CARE Team are subject to the Family Educational Rights and Privacy Act (FERPA):

Information from the education records of a student may be disclosed to University officials with a legitimate educational interest. A school official is a person employed by the University in an administrative, supervisory, academic or research, or support staff position; a person or company with whom the University has contracted such as an attorney, auditor, or collection agent; a person or a student serving on an official committee such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A University official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

___ I understand that many of the records are dynamic in nature and may not have been resolved, adjudicated or otherwise completed at the time I view them. As such, care must be

taken not to form judgments or use this information in decision making, without first checking with the Office of the Dean of Students/Vice Chancellor for Student Affairs.

___ I understand that none of the CARE Team records can be viewed, shared or discussed with any non-CARE Team member due to their dynamic and confidential nature.

___ I understand that any requests by a non-CARE member to discuss, view or print a CARE record must be made to, and approved by the Office of the Dean of Students/Vice Chancellor for Student Affairs, as some information may need to be redacted for non-CARE Team consumption in order to comply with FERPA.

___ I understand that Health Services & Counseling Services staff are subject to Health Insurance Portability & Accountability Act (HIPAA) laws and regulations and are not able to share any patient/student health information without an Authorization for Release of Protected Health Information Form (Release of Information Form) as voluntarily signed by the patient/student.

The CARE Team is comprised of the following professionals or their designee:

- CARE Team Chair (Vice Chancellor for Student Affairs & Dean of Students)
- Director of Counseling Services
- Director of Health Services
- Coordinator for Student Conduct/Case Manager
- Director of Housing & Residential Life
- Director of Public Safety & Chief of Police
- Athletics Representative
- Director of Risk Management

Members from other areas on campus or from the local community may be consulted and/or invited to attend meetings as needed and will be required to sign a confidentiality agreement.

By signing this, I agree that I have, understand, and will comply with this agreement and all associated CARE Team policies and procedures.

Date: _____

Signature: _____

Printed Name: _____