



CONFIDENTIALITY AGREEMENT

The Sudbury Hospice (SH) recognizes that credible service is based on trust, respect, and sensitivity. Ensuring the confidentiality of privileged information is an essential component of responsible and professional service delivery. The SH requires that strict confidentiality be maintained with respect to highly personal and confidential/privileged information obtained by staff, volunteers, and students concerning the SH and the former and current clients, residents and families it serves (including that which is given, read, observed, overhead, voluntarily shared, or otherwise acquired).

Staff, volunteers, and students may have access to confidential information, both verbal and written, relating to clients, residents and their families, volunteers and staff members, and corporate matters of the SH. This includes, but is not limited to, information pertaining to: volunteers; students; non-public SH financial information; donations of money or gifts in kind; salary information, information on clients/residents. Personal health information includes oral or written information about the individual, if the information:

- relates to the individual's physical or mental health, including family health history;
- relates to the provision of health care, including the identification of persons providing care;
- is a plan of service for individuals requiring long-term care;
- relates to payment or eligibility for health care;
- relates to the donation of body parts or bodily substances or is derived from the testing or examination of such parts or substances;
- is the individual's health number; or
- identifies an individual's substitute decision-maker (SDM).

Any such information obtained during the course of employment, volunteer duties, or placement shall not be disclosed to anyone without prior written consent from the Executive Director (or designate) of the SH.

DECLARATION OF CONFIDENTIALITY

1. I acknowledge that I may acquire information about the SH, its clients, residents and families, staff, volunteers, and students which are of a confidential nature, and I agree that any and all such information is exclusive property of the SH and will remain in the strictest confidence.
2. I agree to exercise due care to ensure that any information I may give to others in the course of my duties at the SH is information that is required to be given, and is given to a party entitled to receive such information.

3. I agree that I will not access, use, or disclose any confidential information and/or personal health information that I learn of or possess because of my association with the SH, unless it is necessary for me to do so in order to perform my job responsibilities or if required by law. I understand that, under no circumstances, may confidential and/or personal health information be communicated either within or outside of the SH except to other individuals who are authorized by the SH to have such information.
4. I agree to discuss confidential information only within the SH and only for purposes related to my role within it. I further agree to not discuss confidential information of any nature in the presence of, or within hearing distance of, individuals who do not have an official need to know about the information.
5. I agree that I will only access or disseminate resident information in the performance of my assigned duties, and I will only access the minimum necessary information to satisfy the need of the request. I will make no voluntary disclosure of any discussion, deliberations, or client / resident care records except to individuals authorized to receive it in the conduct of affairs of the SH.
6. I agree that I will not alter, destroy, copy, or interfere with confidential information, except with authorization and in accordance with approved policies and procedures of the SH.
7. I agree that failure to comply with the terms of this Confidentiality Agreement is a serious offence and may result in termination of my employment or association with the SH, and may also result in legal action being taken against me by the SH.
8. I agree that, should I witness a breach of confidentiality by staff, volunteers, or students, it is my responsibility to immediately inform the Executive Director, Director of Care, or the Director of Administrative Services.
9. I agree that my obligation to safeguard confidential information of the SH continues after my employment or affiliation with the SH ends.

I hereby acknowledge that I have read the foregoing information, agree with the statements, and will adhere to the terms regarding confidentiality. This document supersedes all previous verbal and written Confidentiality Agreements with the SH.

INDIVIDUAL ENTERING INTO AGREEMENT:

WITNESS:

Name *(Please Print)*

Name *(Please Print)*

Signature

Signature

Date

Date