

ST. LEONARD'S COMMUNITY SERVICES

Function: Human Resources
Policy: Appendix 25 – Service Confidentiality Agreement
CMHO Standard(s):
Approved: January 2009 Page 1 of 1

Appendix 25 - SERVICE CONFIDENTIALITY AGREEMENT
Approved January 2009

I acknowledge that I have read and understand St. Leonard's Community Services' privacy and confidentiality policies and procedures.

I understand that:

- All client records including personal health information that I have access to through my service with St. Leonard's Community Services is confidential.
As a condition of my service with St. Leonard's Community Services, I agree to comply with these policies and procedures.

I understand that failure to comply with these policies and procedures will result in termination of my service with St. Leonard's Community Services and will result in legal action being taken against me by the Agency and/or others.

I agree that I will not access, use or disclose any client information, including health information because of my service with St. Leonard's Community Services, unless it is necessary for me to do so in order to perform my responsibilities. I understand that under no circumstances will client and/or personal health information be communicated, except to other persons who are authorized by the Agency or the client to receive such information.

I agree that I will not alter, destroy, copy or interfere with any client and/or personal health information, except with authorization, in accordance with these policies and procedures.

Name (Please Print) Signature Date

WITNESS:

Name (Please Print) Signature Date