

ST. LEONARD'S COMMUNITY SERVICES

Function: Human Resources  
Policy: Appendix 7 – Staff Confidentiality Agreement  
CMHO Standard(s):  
Approved: January 2009 Page 1 of 1



**Appendix 7 STAFF CONFIDENTIALITY AGREEMENT**  
**Approved January 2009**

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

I understand that:

- All client records including personal health information that I have access to through my employment with St. Leonard's Community Services is confidential.
- As a condition of my employment 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 may result in termination of my employment with St. Leonard's Community Services and may 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 employment with St. Leonard's Community Services, unless it is necessary for me to do so in order to perform my job 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.

I agree to keep any computer access codes (for example, passwords) confidential and secure. I will protect physical access devices (for examples, keys, staff I.D. badge) and the confidentiality of any information being accessed.

I will not lend my access codes or devices to anyone, nor will I attempt to use codes and devices belonging to others. I understand that I am responsible for any actions taken, using my access code. If I have reason to believe that my access codes or devices have been stolen or compromised, I will immediately contact my Supervisor.

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Name (Please Print)                      Signature                      Date