

COMMUNITY ALLIANCE FOR SUPPORT AND EMPOWERMENT

(C. A. S. E.)

60 Queen Street East, Unit 103, Brampton Ontario. L6V 1A9

(905)216 2244; www.casecommunity.org

Confidentiality Agreement

As a staff member, placement student or volunteer of Community Alliance for Support and Empowerment, it is essential to uphold the privacy rights and maintain the confidentiality of information you acquire from C. A. S. E. This includes personal security, health and financial information, and any other information accessed through agency records or that has been shared in confidence by members of the community and by any other persons encountered in your capacity with C. A. S. E. It excludes incidents where there is a legal obligation to share such information.

By signing this agreement, I understand and agree to the following:

1. I will respect the right to privacy for all individuals that are involved in C. A. S. E., and will keep confidential all personal security, health and financial information I gain as a staff member, placement student or volunteer as well as information which the community member has requested be maintained confidential. I will not discuss, or disclose in any other way, confidential information which concerns Community Alliance for Support and Empowerment unless directly authorized to do so by the Programme Manger, Executive Director or Board Chair.
2. I will respect the confidentiality of information regarding C. A. S. E., including information accessed through agency records or C. A. S. E. administrative operations. I will not discuss, or disclose confidential information in any other way, that concerns C. A. S. E. outside the agency.

I understand that any violation of this confidentiality agreement will result in disciplinary action, which can include termination of my position at C. A. S. E.

I, _____, have read this Confidentiality Agreement, understood its contents, and agree to abide by the terms given. This signed agreement will be held on file in C. A. S. E.'s records.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Policy Authorized on behalf of the The Journey Board by:

Date: _____

Board Chair: _____