



Windsor Elms Village

Employee/Volunteer Confidentiality Agreement

Name of Employee/Volunteer _____

Department _____

I acknowledge that during my employment/volunteer work at Windsor Elms Village for Continuing Care Society (Windsor Elms Village) that I will have access to personal information about clients, residents, their families, and other employees/volunteers which is of a private and confidential nature.

At all times, I will respect the privacy of Windsor Elms Village clients and residents, their families and other employees/volunteers.

I will treat all Windsor Elms Village clinical, administrative, and financial information about clients and residents, their families, and other employees/volunteers as confidential information.

I will ensure that private and confidential information is not inappropriately accessed, used or disclosed either directly by me or by virtue of my access to systems and information.

I understand that violations to the privacy and confidentiality policy may include but are not limited to:

- Accessing personal information that I do not require for work/volunteering purposes.
- Misusing or disclosing personal information without proper authorization.
- The altering of personal information of residents, clients or other employees.
- Disclosing to another person my user name and password to enable unauthorized access to personal information.

I will only access, use and transmit private and confidential information using organization authorized hardware, software or other equipment, as required by the duties of my position.

I understand and agree to abide by the conditions outlined in this agreement which will remain in force even if I cease to have an association with Windsor Elms Village.

I understand that if any of these conditions are breached, I may be subject to disciplinary action that may include termination of my employment or volunteer position.

I have read and accept the terms of this agreement.

Employee / Volunteer Name (print)

Signature of Employee / Volunteer

Witness Name

Signature of Witness

Date