

Employee/Volunteer Confidentiality Agreement

Name of Employee/Volunteer	
Department	
	eer work at Windsor Elms Village for Continuing have access to personal information about clients, eers which is of a private and confidential nature.
At all times, I will respect the privacy of Windsor Eother employees/volunteers.	Elms Village clients and residents, their families and
I will treat all Windsor Elms Village clinical, admin residents, their families, and other employees/volunt	istrative, and financial information about clients and teers 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 understand and agree to abide by the conditions ou even if I cease to have an association with Windsor	<u> </u>
I understand that if any of these conditions are breac may include termination of my employment or volume	
I have read and accept the terms of this agreement.	
Employee / Volunteer Name (print)	Signature of Employee / Volunteer
Witness Name	Signature of Witness
Date	

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