

COMMUNITY LIVING TIMMINS INTEGRATION COMMUNAUTAIRE

POLICY MANUAL: Personnel

POLICY #: G-2

SECTION: Regulations and
General Information

PAGE: 1 of 3

SUBJECT: Confidentiality Agreement

Date Approved: June 2000	Executive Director:
Date Reviewed: April 4, 2007	
Date Revised: June 1, 2011	Date:

POLICY:

Community Living Timmins Intégration Communautaire respects all people's right to privacy. Confidentiality is an ethical trust placed with all employees & volunteers. Employees & volunteers shall not discuss matters, except in the performance of their work assignments.

PROCEDURE:

1. See Policy CIMS 2 Confidentiality regarding protection of clients Information & Personal Health Information.
2. Information regarding employees or volunteers may not be released to other agencies unless a written release or consent forms is obtained from the employee or volunteer.
3. Details of business transactions will not be discussed in public, except among the principals involved.
4. On joining the agency, all employees, volunteers, students, board members are required to read the employer's policy statement with regard to the collection, use and disclosure of confidential information and personal health information and to sign a witnessed Confidentiality Agreement confirming that they have read, understood and will abide by the agency's policies.
5. Failure to sign the Confidentiality Agreement or abide by the provisions contained therein will be considered a breach of the confidentiality policy and as such will be considered as cause for disciplinary action, up to and including dismissal or termination of a contract or service agreement. Further the breach may be reported to the employee's regulatory body under the Regulatory Health Professions Act. The confidentiality agreement will be updated periodically to reflect provincial legislation.

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6. CLTIC will review annually its G-2 and CIMS-2 policy and consent to collection, use or disclosure of personal information with persons who receive services and supports from the agency and shall do so in a language and manner, and with a level of support, that is appropriate to the capacity of the person supported and with any person acting on their behalf.
7. The agency shall train staff members, students and volunteers and provide orientation to new staff members and its Board of Directors regarding its policies and procedures, respecting privacy and confidentiality and consent to collection, use or disclosure of personal information.

Revised: Volunteer Package

COMMUNITY LIVING TIMMINS INTEGRATION COMMUNAUTAIRE**CONFIDENTIALITY AGREEMENT****The Declaration/Protection of Confidential Information and Personal Health Information.**

I have been made aware of the confidential nature of information concerning clients and other people connected to CLTIC. I understand that, while performing my duties for or providing services to the organization, I may have access to Personal Health Information or confidential information of the agency's clients & employees. This information is highly sensitive and confidential information. It is necessary to protect Personal Health Information from unauthorized access, use, modification, disclosure, or destruction. As an "agent" of this organization under Personal Health Information Protection Act 2004 (PHIPA), I have legal obligation to protect Personal Health Information and confidential information of clients and employees.

I agree to protect Personal Health Information and other confidential information by:

- accessing, using or modifying Personal Health Information only for the purpose of performing my duties and only as authorized by the agency.
- never sharing passwords with anyone or storing passwords in a location accessible to unauthorized persons.
- never accessing or using Personal Health Information out of curiosity, or for personal interest or advantage.
- never showing, discussing, or disclosing Personal Health Information to or with anyone who does not have the legal authority or the "need to know".
- storing Personal Health Information in a place physically secure from access by unauthorized persons.
- never removing Personal Health Information and other confidential information from the agency workplace without authorization (example of PHI = clinical record, audit lists, client reports, etc...).
- disposing of Personal Health Information by utilizing an approve method of destruction, which includes shredding, or certified or witnessed destruction; never disposing such information in the wastebaskets or recycle bins.
- advising the Supervisor and/or Privacy Officer at the first reasonable opportunity if I become aware that Personal Health Information as been lost or stolen or that a person has obtained unauthorized access to Personal Health Information, or that a person has used, disclosed or disposed of Personal Health Information in an unauthorized manner.

Penalties

Unauthorized access, disclosure (see "Breach of Confidentiality" definition) use, modification, or destruction is strictly prohibited by applicable privacy laws, including PHIPA, and by this agency's own Confidentiality Policy. This agency may impose penalties on me for unauthorized access, use, modification, disclosure, or destruction, which may include significant disciplinary action, including:

- For employees, students and volunteers – suspension, demotion, and termination;

In addition, a breach of PHIPA may lead to prosecution by the Ontario Government. Penalties under PHIPA include fines of up to \$50,000 for each offence and can also result in a civil suit by the party harmed by the breach.

 Printed First Name & Last Name

 Signature

 Department

 Date

 Print Witness Name (first, last)

 Signature of Witness

Revised: May 18/12



Review of Confidentiality Agreement **Policy G-2, CIMS-2, Privacy Policy**

I certify that I have been provided with orientation and that I have read and been explained the form and that I understand the Confidentiality Agreement, policy G-2, policy CIMS-2, and the Privacy Policy

Please complete below. (To be completed by individuals supported, employees, board members, students and volunteers)

My Name	My Association to the Agency	My Title	My location/program	Date
i.e. Jane Doe	Employee	Support Worker	S.I.L.	Jan.31/11

Please check one of the following boxes

- ☐ Orientation (new to the Agency)
- ☐ Annual Review
- ☐ Refresher as needed

Print Your Name

Print Witness Name

Signature

Witness Signature

Date

Date

Date: Feb. 14, 2012