

CCHRSC'S  
**HR TOOLKIT**



**TOOL:** Sample Confidentiality of Information Policy

**POSTED:** March 2012

[Insert your organization's name here]

## **CONFIDENTIALITY OF INFORMATION POLICY**

### **POLICY**

The confidentiality of information is an integral part of conducting all Agency business activity and must be observed by all Agency personnel: providers, program staff, administrative staff, volunteers, students and Board members.

### **PURPOSE**

The purpose in establishing this policy is the protection of all forms of communications, related to clients, providers, staff and their families, at all times. The obtaining and storing of information must be relevant to the service being offered. Information is to be shared behind closed doors on a need to know basis only.

### **SCOPE**

Confidential information acquired may not be disclosed through informal discussions or casual conversations. Shared information is to be objectively stated, free of judgmental statements or bias.

Each person is responsible for the security of information stored by themselves. Confidential information must be kept in a secured place when the holder is not there. This responsibility applies to computer screen information as well. Access to manual files or computer data will take place at a mutually agreed upon time and place between the holder of the information and the person concerned.

Written consent is necessary prior to the release of any information to a third party outside of the Agency. Parents, providers, staff, volunteers, and students must have free access to any stored information about themselves. All Agency personnel will be given a copy of this Policy at the beginning of service and will be required to sign an acknowledgement of receipt to be placed in their personnel file. All Agency personnel must protect all information (records) for which they are responsible. Breaches of confidence as they relate to this Policy may result in disciplinary action up to and including discharge.

*APPROVED BY BOARD ON APRIL 12, 1995*

*Andrew Fleck Child Care Services agreed to share this document as a resource for the CCHRSC's HR Toolkit. Resources are provided for reference only. Always consult current legislation in your jurisdiction to create policies and procedures that meet the needs of your organization.*

I, \_\_\_\_\_, hereby acknowledge that I have read and understand the insert your organization's name here Policy on Confidentiality and agree to abide by its provisions.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Signature

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