

Société Alzheimer Society

BRANT, HALDIMAND NORFOLK,
HAMILTON HALTON

Staff and Volunteer Confidentiality Declaration

I, _____, in my capacity as a staff member/volunteer with the Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton, declare that I will not reveal or discuss any information I may acquire concerning clients or caregivers associated with this agency, other than those designated (which includes Alzheimer Society staff, volunteers, client family members and/or other related professionals).

I understand that this is to ensure the privacy and dignity of this agency's clients and their family members. Further, I realize that information I may acquire about clients or caregivers will be used only for purposes directly related to their care.

I also understand that casual conversation regarding clients, employees or volunteers should be avoided in public areas. Written records are not reviewed in public places. Caution must be exercised in the dissemination of confidential information when using the telephone, computer systems and facsimile machines. Desks and offices should not be left unattended with confidential materials accessible. Employee/volunteer addresses and phone numbers are shared for program use only; e.g. not given to outside parties.

Should I breach this confidentiality through careless or deliberate means, I understand that disciplinary actions may be taken.

Signature: _____

Date: _____

Witness: _____