

Société Alzheimer Society

BRANT, HALDIMAND NORFOLK,
HAMILTON HALTON

Policy Name: Confidentiality	
Policy Number: ORG-07	Pages: 2
Last Reviewed: November 2023	For Review: November 2025

Purpose:

To ensure that all clients' personal information is kept confidential, including all information that is in writing, stored in electronic files or shared verbally.

Policy:

The privacy and confidentiality of all clients' personal information must be maintained in compliance with relevant legislation and professional regulatory bodies.

Employees will:

1. Adhere to the ASBHNHH Confidentiality policy and standards as well as the codes of ethics and standards of practice as described by their regulatory body when applicable.
2. Review the policy and sign a Statement of Confidentiality during onboarding (see *Appendix E*).
3. Inform clients, prior to documenting information, about the confidentiality declaration.
4. Obtain informed consent and document before photographing, audio taping, videotaping or permitting third party observation of client's activities.
5. Maintain client's confidentiality on documentation including forms and lists. For example, not leaving registration forms exposed, unattended or in vehicle overnight, registration forms must be locked/secured at night, attendance lists created should only have a client's first name and the first letter of the last name.
6. Ensure that identifying information is disguised to protect client confidentiality when case material is presented for education, research or publication purposes.
7. Keep client records in accordance with *Policy ORG-1.10 Statistical Tracking, Files and Records*.
8. Recognize situations where exceptions may be allowed under law – such as child abuse investigations.
9. Adhere to Duty to Protect/disclosure of information in situations where acquired information involves a threat or harm to self or other according to regulatory bodies when applicable, such as prescribed in sections 5.25 and 5.26 of the Social Work Code of Ethics, Ontario College of Social Workers, and Social Service Workers.

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10. Bring all concerns around confidentiality to the Privacy Officer at privacy@alzda.ca.

Definitions:

- **Confidentiality:** is the protection of acquired information about a client. This information is disclosed only when required or allowed by law to do so, or when a client has consented to disclosure.

Scope:

The policy applies to all Society personnel.

Policy Review:

The Senior Leaders in the Society will review this Policy biennially. If there are legislated changes required, these changes will be made as close as possible to the effective date of the legislative change.

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APPENDIX E – STATEMENT OF CONFIDENTIALITY SIGN OFF

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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 _____

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