



OATH OF CONFIDENTIALITY & PRIVACY OF INFORMATION

I agree that while I am involved with Woodview Mental Health and Autism Services, in any capacity (employee, volunteer, student, consultant), or at any time thereafter, I will not disclose or release any personal information, images or documents acquired during my involvement with this Agency, except where I may be legally required to do so, or when I may do so within the Centre's policy and procedures on the release of confidential information. Personal information may pertain to clients, employees, volunteers, students or consultants.

I further agree that I will comply with all policies and procedures of the agency regarding the privacy and security of personal information that I acquire during my employment with Woodview Mental Health and Autism Services. This includes the security of information that is in written form or electronically stored on equipment including but not limited to cell phones, email, voicemail, computers, tablets, laptops, USB keys/flashdrives or any other storage device.

Confidential information as described above cannot be released without the written consent of the client as described in the policy and procedures governing confidentiality with the exception of medical emergencies, abuse disclosure or suspected abuse and subpoena by the court. Decisions to release confidential information should always be made in collaboration with the immediate supervisor or designate.

When working away from my normal place of work (e.g. working from home or in the community), I will ensure that there will be no access by others to documents on my computer or on any electronic storage device or to written documents or images which will in any way compromise the confidentiality or privacy of clients or staff.

Name: _____

Signature: _____

Date: _____