

## OATH OF CONFIDENTIALITY

I, \_\_\_\_\_, understand that when I am at Lanark County Interval House I may have access to confidential information, and by signing this statement I am indicating my responsibilities to maintain and agree to the following:

I understand that names and any other identifying information about clients and staff are completely confidential.

I agree not to divulge, publish, or otherwise make known to any unauthorized persons or to the public any information regarding Lanark County Interval House, its clients, staff or business obtained in the course of my involvement with Lanark County Interval House.

I understand that **ALL** information regarding Lanark County Interval House obtained or accessed by me in the course of my work or volunteer activities is strictly confidential. I agree not to divulge or otherwise make known to any unauthorized persons any information, unless specifically authorized to do so by Lanark County Interval House protocol, a senior staff member, the Executive Director, or the Board of Directors acting in response to applicable law, court order, public health concerns, or a specific clinical need.

I understand I am **NOT** to read information and records concerning clients or any other confidential information or documents, nor ask questions of clients or staff for my own personal information, but only to the extent and purpose of performing my assigned duties, whether I am a staff member, a volunteer, student, or Board member.

I understand that a **BREACH of CONFIDENTIALITY** will be grounds for disciplinary action, and **will** result in immediate termination of employment or volunteer duties.

I agree to notify the Volunteer Coordinator, who will in turn notify the Executive Director immediately, should I become aware of an actual Breach of Confidentiality, or a situation which could potentially result in a Breach, whether this be on my part or the part of another person.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME OF WITNESS

\_\_\_\_\_  
SIGNATURE OF WITNESS