

Policy & Procedure Manual

CONFIDENTIALITY OF INFORMATION – HR-II-2

POLICY:

Confidentiality of information is of the utmost importance for the privacy, safety and security of people supported and our employees. It is the policy of OPTIONS NORTHWEST that all employees/volunteers/students read, understand and sign the attached Pledge of Confidentiality (Appendix A). A breach of confidential information is subject to disciplinary action, up to and including termination of employment.

PURPOSE:

1. To ensure that all information necessary for the support and well-being of people supported is communicated appropriately.
2. To ensure that all employees, volunteers and students understand the importance of maintaining confidentiality of personal information.
3. To ensure confidentiality of information for people supported and for employment related information.

PROCEDURE:

1. Upon commencement of employment, the pledge of confidentiality will be signed by the new employee in Human Resources, as part of the documentation process. The documentation will then become part of the employee's personnel file.
2. The pledge of confidentiality will be signed by new volunteers/students in Human Resources, as part of their documentation process. The document will then become part of the volunteer's/student's file, maintained in Human Resources.
3. Authorization for release of information shall follow agency policies AD-I-10 and HR-III-33 as appropriate.
4. Any alleged breaches of confidentiality shall be investigated and responded to in a timely manner.

POLICY: HR-II-2
DEPARTMENT: Human Resources
CATEGORY: Human Resource Documentation
EFFECTIVE DATE: July 2021
SUPERSEDES VERSION DATED: December 2015
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RECOMMENDED BY: Director, Human Resources

APPENDICES: 1

OPERATIONAL ACCOUNTABILITY: Administration, Finance, Human Resources,
Community Services (all)

ORIGINAL POLICY DATE: April 1993

AUTHORIZED BY: Executive Director

SIGNATURE:

A handwritten signature in black ink, appearing to be 'C. J. ...', written over a horizontal line.



Pledge of Confidentiality

OPTIONS NORTHWEST recognizes the right to privacy of the people to whom we provide support, and of our employees.

Any clinical information that an employee, volunteer, or student may learn about a person receiving support from OPTIONS NORTHWEST shall be kept in the strictest confidence. Only authorized personnel shall release clinical information relating to people supported. This information shall include anything related to the person receiving support that is hand-written, typed, electronically stored, videotaped, or in the form of photographs.

OPTIONS NORTHWEST also recognizes that in order to provide effective personal support, the employees, volunteers, students, and caregivers must have access to relevant information in a timely manner. Any personal information which an employee, volunteer, or student comes to know regarding any person receiving support will be kept in the strictest confidence. Information will only be shared as it is needed to assist the person to participate in the community and to ensure that the appropriate supports and services are provided. Personal information related to health, behaviour, or social status may only be released with the consent of the person being supported or individual.

Employment related information that an employee may learn due to the nature of their position with the agency shall be held in confidence and release of such information shall only be made with consent from the employee.

Any misuse of information or unauthorized release of information shall be considered a breach of confidentiality and immediately reported to the Executive Director. Where a breach of confidentiality is confirmed, disciplinary action will be taken and may constitute grounds for dismissal.

Pledge:

I, _____, have read and understood the above Pledge of Confidentiality of OPTIONS NORTHWEST and pledge to keep, in strictest confidence, any information concerning the agency, its employees, or people supported in the agency's programs.

I will not engage in discussions concerning the agency, its staff, or people receiving support, except as may be required for the appropriate conduct of the business of the agency and recipient's health and wellbeing.

Signature

Witness

Date

