

Confidentiality Agreement

I _____, acknowledge that during my employment with the CK Public Health, I will have access to personal information about clients, their families, local businesses and other employees which is private and confidential in nature.

At all times, I will respect the privacy of clients, their families and other employees.

I will treat all CK Public Health's clinical, administrative and financial information about clients, their families and other employees as confidential information.

I will ensure that private and confidential information is not inappropriately accessed, used or disclosed either by me or by virtue of my password to systems.

I understand that violations to privacy and confidentiality may include but are not limited to:

- Accessing personal information that I do not require for work purposes
- Misusing or disclosing personal information without proper authorization
- Altering personal information of clients or other employees
- Disclosing to another person my user name and password to enable unauthorized access to personal information.

I will only access, use and transmit private and confidential information using organization authorized hardware, software or other equipment, with proper consent, as required by the duties of my position.

I understand and agree to abide by the conditions outlined in this agreement which will remain in force even if I cease to have an association with CK Public Health.

I understand that if any of these conditions are breached, I may be subject to disciplinary action that may include termination of employment.

Name (Please Print)

Witness (Please Print)

Signature

Signature

Date

Date

