

**Leamington Mennonite Home
Long Term Care & Retirement Residence**

POLICY AND PROCEDURE

CATEGORY: Personnel	SUBJECT: Confidentiality	SECTION: C POLICY: 5
DATE: September 2004	Administrator's Signature: _____	
REVISION DATES: January 2006, December 2010, January 2011, June 2011		

CONFIDENTIALITY

POLICY:

Leamington Mennonite Home values the privacy of all individuals, whether resident, staff, or volunteer. All matters that come to the attention of individuals, while at LMH must be kept confidential.

PROCEDURE:

- No staff member shall commence employment at Leamington Mennonite Home, until such time as they have completed a Confidentiality Acknowledgement which shall be signed, dated, witnessed, and placed in the individual's personnel file.
- The Confidentiality Acknowledgement will confirm that the staff or volunteer will promise to hold in confidence all matters that come to their attention while in the course of their duty at Leamington Mennonite Home.
- The Confidentiality Acknowledgment applies to Leamington Mennonite Home daily operation, staff meetings, resident matters, and issues regarding colleagues.
- Breaches of the Confidentiality Acknowledgement will result in discipline and/or termination.



Leamington Mennonite Home

Employee Confidentiality Acknowledgement

I acknowledge that during my employment/service work with Leamington Mennonite Home that I will have access to personal information about residents, their families, volunteers and other employees, which is of a private and confidential nature.

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

I will treat all clinical, administrative and financial information about residents, their families, volunteers and other employees/service workers as confidential information.

I will ensure that private and confidential information is not inappropriately accessed, used or disclosed either directly 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 residents or other employees without proper authorization.
- Disclosing to another person my username and password to enable unauthorized access to personal information.
- Revealing information, including but not limited to personal, medical, corporate and photographic, of residents, volunteers, and other employees and the Home, available to me at the Home in social conversation, personal written documentation, and/or any form of online communication, including but not limited to “blogging”.

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

I understand and agree to abide by the conditions outlined in this acknowledgement, which will remain in force even if I cease to have an association with Leamington Mennonite Home.

I understand that if any of these conditions are breached, I may be subject to discipline, up to and including termination of employment position, and service contract.

Signature: _____

Date: _____

Print Name: _____

Witness: _____



Leamington Mennonite Home

Volunteer Confidentiality Acknowledgement

I acknowledge that during my volunteer/service work with Leamington Mennonite Home that I may have access to personal information about residents, their families and employees/volunteers, which is of a private and confidential nature.

At all times I will respect the privacy of residents, their families and employees/volunteers.

I will treat all medical and resident care information as private and confidential and will not share such information with anyone else including my family and friends.

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

- Accessing and disclosing personal information that I do not require for volunteering purposes;
- Altering personal information of residents or other employees without proper authorization;
- Revealing Home information to others in social conversation, written form, and/or any form of online communication.

I understand and agree to abide by the conditions outlined in this acknowledgement, which will remain in force even if I cease to have an association with Leamington Mennonite Home.

I understand that if any of these conditions are breached, my volunteer work at the Home may be brought to a close.

Signature: _____

Date: _____

Print Name: _____

Witness: _____