

The Leamington United Mennonite Home and Apartments

**POLICY AND PROCEDURE**

<b>CATEGORY:</b> Administration	<b>SUBJECT:</b> Confidentiality	<b>SECTION:</b> C <b>POLICY:</b> 5
<b>DATE:</b> September 2004	<b>Signature:</b> _____	ADMINISTRATOR
<b>REVISION DATE:</b> September, 2007, December 2010, January, 2011, September, 2014		

**CONFIDENTIALITY**

**POLICY:**

Residents have the right to protection of all their personal and health information. Each staff member and volunteer must support the Resident's right to privacy. Staff and volunteers in the organization must be committed to maintaining the privacy and confidentiality of residents and their associated personal and health information.

A condition of employment/volunteering/service provision, in the Home is that all employees/volunteers must sign a Confidentiality Acknowledgement.

Breaches of confidentiality include accessing personal information without authorization to do so and without a need or requirement to know.

Failure to hold personal information of residents confidential and private may lead to disciplinary action, up to and including termination.

**PURPOSE:**

To comply with Privacy legislation including, but not limited to, the Personal Information Protection and Electronic Document Act (PIPEDA), the Ontario Freedom of Information and Protection of Privacy Act (FIPPA), and the Long-Term Care Act.

To respect the privacy of residents, their families and other employees/volunteers/service providers.

To protect residents and employees from the misuse of confidential resident, employee and Home information.

To minimize risk for the Home.

**PROCEDURE:**

Employees, volunteers, and service providers will sign a Confidentiality Acknowledgement upon hire. The Confidentiality Acknowledgement will be placed in the employee's, volunteer's and service provider's file.

Employees, volunteers, and service providers will maintain confidential any information related to clinical, administrative, financial, and health information about residents, their families and other employees/volunteers/service providers, of Leamington Mennonite Home.



## 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 user name 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 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: \_\_\_\_\_