

CONFIDENTIALITY AGREEMENT

I, _____ acknowledge that I have received and read a copy of the PLEA Privacy and Confidentiality Policies. I understand that I have a duty to protect the privacy and confidentiality of the information that may come into my possession or be made available to me in my relationship with PLEA. I also understand that my duties in regard to information and records are founded on legal and contractual requirements and in ethical principles widely accepted in the human services.

I understand and agree that the documents, including contracts, extracts from documents, and information in other forms available to me in my relationship with PLEA are the confidential information and property of PLEA and/or the Province of British Columbia or other legal entity by contract and shall be returned, retained or disposed of as may be required by them.

In particular, I acknowledge and confirm my duty to comply with the requirements of the *Youth Criminal Justice Act* and the *Child, Family and Community Service Act* relating to the protections of privacy and confidentiality; to protect personal information against unauthorized access or disclosure; to ensure the security of records and information; and to consult my manager or the Executive Director or his designate when I need advice. I further confirm that I will not use or disclose such information except as authorized in order to discharge my duties to PLEA, or required under the law.

Specifically, I accept that I have a duty to disclose confidential information immediately to my manager when I have reason to believe that a child has been, or is likely to be, at risk for child abuse or neglect, and when it is necessary to prevent serious, foreseeable, and imminent risk to the safety of a participant, resident or other individuals. This includes situations when a participant or resident tells me (or I have reason to believe based on what I have seen or information I have received) that they are being harmed (physical, or sexual abuse), they intend to harm themselves (suicide), or they are planning to harm others (physical violence). In cases of suspected child abuse or neglect, and in cases of current or past sexual abuse in which the person I am working with may have access to minor children I understand that I am obligated to inform my manager and the appropriate child protection authorities.

I understand that all media inquiries must be referred directly to the Executive Director of PLEA, or his designate. I will not speak to the media, unless specifically delegated to do so by the Executive Director, or his designate. If any member of the media approaches me I will report this as soon as possible to my manager.

I further acknowledge and agree that failure to comply with the PLEA Privacy and Confidentiality Policies may result in disciplinary action.

Dated this ____ day of _____ 20 ____ At _____ . BC

Signed: _____

For PLEA Community Services Society of B.C.

Name: _____ Signed: _____