



**Chester Hill Neighbourhood Centre Inc.**  
**Privacy and Confidentiality Agreement**  
**Privacy Amendment (Privacy Sector) Act 2000**  
**(To be read and signed by all workers)**

This organisation is required to collect information from residents/clients or a representative 'person responsible' including other service providers in order to provide appropriate services to an individual.

The information we need is referred to as **personal** and **sensitive** information under the Act 2000 (Privacy Amendment). Basically any information, which can identify a person, is called **personal** information. Specific information about and individual including racial or ethnic origin, religious belief/affiliation or health information is called **sensitive** information.

In the course of your work, you may be involved in the collection of this type of information, either verbally or written and you will have access to such information on residents/clients and on their families. Any discussion with a resident or "person responsible" of a personal or sensitive nature are to be conducted in a private area. This information must be kept confidential at all times whilst employed or volunteering and upon cessation of your role or during and after the provision of contracted services with our organisation.

The names of residents/clients, all information about them and information on the services they are receiving will not be disclosed or discussed with other residents/clients, family members or other people not involved in the provision of services to that person.

**Permission from your manager, coordinator or project leader/worker must be obtained BEFORE RELEASING any such information.**

You may only release information on a resident/client to:

- That resident/client
- Other health professionals, community and social services organisations and department representatives where required
- Any family member designated as "the person responsible" by the resident/client or their legal guardian.

**Permission must be obtained from manager, coordinator or project leader/worker BEFORE ACCESSING an individual's personal information.**

If further information is required regarding any aspect of the resident/client in order to provide a service, this should be discussed with your manager or supervisor and only obtained from the resident/client, the person responsible or appropriate health care professional.

A proven breach of confidentiality is a serious betrayal of trust and may lead to disciplinary action and in some cases civil action. In signing this agreement, you acknowledge that you understand your duties to maintain confidentiality and you agree that you will not obtain, use or disclose information in any way, which is contrary to the conditions set out above.

I, (Full Name) \_\_\_\_\_ have read the above information and accept the conditions as set out in this Agreement and agree to be bound by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_