

CONFIDENTIALITY AGREEMENT

I have read the Service's *Privacy and Confidentiality Policy* and have been provided with the opportunity to ask questions to clarify my understanding of its contents and of my responsibilities set out in the Policy.

As a _____, (position/role) I will receive and have access to confidential information about children and families. Except when required by law, I will keep this information strictly confidential.

I understand that the discussion of personal information about children and families, and staff/students/volunteers without authorised consent is unethical, and can be deemed unlawful.

I will abide by this Confidentiality Agreement to ensure respect for the privacy of all concerned.

Name of Service

Name of Staff Member (Please print)

Signature of Staff Member Date (DD/MM/YY)

Name of Witness (Please print)

Signature of Witness Date (DD/MM/YY)