



COMMUNITY  
SERVICES

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## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_ acknowledge that I understand that PLEA's Privacy and Confidentiality policies are available on the PLEA website and that I have been shown how to find them.

I understand that privacy and confidentiality matters are governed by BC and Canadian law, by obligations imposed on PLEA by contract, by ethical principles widely accepted in the human services and by PLEA's policies; and that violations could result in legal consequences in addition to action by PLEA.

I understand my duty to protect the privacy of all persons and the confidentiality of the information that may come into my possession or be made available to me in my relationship with PLEA; to protect personal information against unauthorized access or disclosure; and to ensure the security of records and information.

I will not use or disclose such information except as authorized in order to discharge my duties to PLEA, or required by law. I will follow the instructions that I may receive from PLEA regarding personal and confidential information, including its return, retention and disposal. I will contact and consult with my manager (if I am an employee of PLEA) or my designated contact (if I am a family caregiver, respite family caregiver or contractor) or PLEA's Privacy Officer when I need advice.

I accept that I have a specific duty to disclose confidential information immediately to PLEA 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 participant or resident may have access to minor children, I understand that I am obligated to inform PLEA and the appropriate child protection authorities.

I understand that all media inquiries must be referred directly to the Executive Director of PLEA or the Manager of Communications & Development. 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 or designated contact.

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

Manager or Designate (**For PLEA Community Services Society of BC**):

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

[www.plea.ca](http://www.plea.ca)