



Confidentiality Agreement – 2024

Between Fairhaven and _____
Check appropriate box ☐ Employee ☐ Volunteer ☐ Student ☐ Other

I understand that as a member of the Fairhaven Team, I may have access to personal information about residents, staff and/or the Home, which is of a private and confidential nature.

By signing below, I have read and understand the following:

1. I have read, understood and will comply with Fairhaven's *Confidentiality Policy HR-090*.
2. I will respect the privacy of residents, their families, and other employees/volunteers.
3. I will refrain from discussing such information with other volunteers, employees, residents, and other persons, except during professional meetings.
4. Discussions pertaining to the resident and his/her care shall not be done in public places, or areas where others present are able to overhear the conversation.
5. I will treat Fairhaven's administrative, operational, and Foundation information as confidential.
6. I will utilize all safeguards in place at Fairhaven to keep personal information private, i.e. secure storage, passwords, privacy folders
7. I will ensure that personal information is not left or displayed where others can view it.
8. I will report breaches or suspected breaches of confidentiality immediately.
9. I will follow Fairhaven policy and procedures for releasing confidential information

I understand that violations of privacy and confidentiality include, but are not limited to:

- Seeking out information beyond what is required to fulfill my duties, or to which I am currently authorized.
- Misusing or disclosing confidential information without proper authorization.
- Disregarding the use of privacy safeguards.
- Altering private information without proper authorization.
- Disclosing to another person my user name and/or passwords to enable unauthorized access to confidential information

I understand to access, use and transmit private and confidential information, through Fairhaven's authorized hardware, software and other equipment, I need to do so in accordance with guidelines, as required by the duties of my position. I understand that the conditions in this agreement remain in effect even if I cease to be an employee of Fairhaven.

I understand that if any of these conditions are breached, I may be subject to disciplinary action, up to including dismissal.

Employee Signature

Date

Return completed form to the HR Team.