



CONFIDENTIALITY AGREEMENT

Throughout this document the word "**Affiliate**" refers to any person associated with S.O.A.R. either as a member, volunteer, student, or a service provider, whether paid or unpaid.

I, _____, pledge to keep confidential all confidential information obtained during the performance of my duties as an affiliate for or at Survivors of Abuse Recovering (S.O.A.R.), except as authorized by the Board or required by law. I understand that confidential information includes, but is not limited to, information relating to:

- 1) Donors (such as gifts, proposals, receipts, conversations, registration information, financial history, etc.);
- 2) Other S.O.A.R. affiliates, peers being supported and other associates, such as work records, disciplinary action, contact information, personal history, etc.;
- 3) S.O.A.R. business information such as plans, strategies, reports, papers, internal communications, developmental or experimental work, contracts, memos, etc.

I agree that I will comply with S.O.A.R.'s policies on privacy, confidentiality and security of confidential information. If I require help in retrieving or understanding these policies, I will seek help from the Chair or other member of the Board of Directors.

I also understand and agree that:

1. I will collect, access, use and disclose confidential information on a "need to know basis" only, and only the minimum amount required, as required for my role or as required by law. I will not communicate confidential information either within or outside S.O.A.R., except to persons authorized to receive such information.
2. I will not access the confidential information of family, friends, co-workers or any other individual, unless they are under my direct care or I need to as part of my official duties at S.O.A.R.
3. I will not share my passwords to electronic information systems with anyone and I am responsible for protecting them. I am responsible for all actions performed when the electronic information system has been opened using my password.
4. I will access, process and transmit confidential information in the manner described in the S.O.A.R. document management policy.



5. I shall not remove confidential information from S.O.A.R. premises except as authorized. In transit, I shall securely store the information and ensure it is in my custody and control at all times.
6. I will not alter, destroy, copy or interfere with confidential information, except with authorization and in accordance with S.O.A.R. policies and procedures;
7. I shall immediately report all incidents involving loss, theft, or unauthorized access to confidential information to the Chair of the Board of Directors.
8. I understand that S.O.A.R. may conduct regular audits to ensure confidential information is protected against unauthorized access, use, disclosure, copying, modification or disposal.
9. I understand any breach of confidentiality on my part will have consequences. These may include: retraining, loss of access to systems, loss of privileges, suspension, reporting my conduct to a professional regulatory body or sponsoring agency, or dismissal from employment.
10. I understand and agree to abide by the conditions outlined in this agreement, and they will remain in force even if I cease to be employed by or have an association with S.O.A.R.
11. I acknowledge that I must not use confidential information obtained in the course of my duties with S.O.A.R. for the purpose of furthering my private interest or as a means of making personal gain.
12. I have read and agree to abide by the S.O.A.R. Document Management Policy.

Name of Affiliate (PLEASE PRINT)

Phone Number **and** email address of Affiliate

Date

Signature of Affiliate