



Confidentiality Agreement

Please read carefully, sign and return.

All information given to volunteers by PHA's (Persons with HIV/AIDS), their partners, family or friends, as well as other volunteers and paid staff is considered confidential.

The AIDS Committee of Guelph (ACG) recognizes the client's right of privacy in relation to the services that our organization provides. While a client does not have the property right to our records, she/he has the right to protection of all information contained therein.

All information relating to a client must be treated as confidential; this information may be written, verbal or another form. This confidentiality extends to everything volunteers learn in the exercise of their duties.

Conversations with people on the telephone must also be treated as confidential.

This Confidentiality Agreement is binding beyond your association with ACG.

Aside from sharing essential information with those people involved, there are four legal limits to confidentiality or ways in which information may be released:

- Upon a court order or as required by law
- Suspicion or direct disclosure of child abuse
- Upon a written authorization of the client
- Harm to oneself or others

Any misuse of information shall be considered a breach of confidentiality and will be cause for disciplinary action to be taken by the Coordinator of Volunteer Services.

I have read ACG's "Policy on Confidentiality" as stated above. I understand and agree that in the performance of my duties with ACG, I must hold information in confidence. Further, I understand that intentional or involuntary violation of this confidentiality may result in the termination of my association with ACG.

Date: _____

Name: _____

Signature: _____

Witness Name: _____

Signature: _____



Privacy and Personal Information

Please read carefully, sign and return.

1. The AIDS Committee of Guelph (ACG) will not collect, use or disclose your personal information unless you have provided your consent in accordance with ACG policy, **The Ontario Privacy Protection Act** and the Canadian Freedom of Information and Protection of Privacy Act, or where required by law.
2. The ACG Volunteer Application form requests information such as your name, address, contact information, work history and education, for the purposes of screening, placement, and on-going training and supervision. Your personal information is also used for the purposes of: debriefing and support; recognition; requests for additional volunteer roles; reference letters and verbal recommendations; program statistics and evaluation as per funding requirements; mailings of information related to ACG activities and events.
3. Please know that you have the right not to answer a question or to not complete a section of the volunteer application as you so choose; however, please be aware that this may have an impact on our ability to effectively place you as a volunteer at ACG.
4. In addition, you have the right at any time to withdraw consent to use your personal information for the purposes of noted above. You must notify the Coordinator of Volunteer Services at ACG in order to activate this change. Please allow 14 business days to allow us to update our records accordingly.
5. At anytime during your involvement with ACG, you may submit to the ACG Privacy Officer a request to review our procedures concerning Privacy and Confidentiality. A copy of the ACG Privacy Policy is available upon request, or may be viewed at www.acg.guelph.org.

Please indicate your consent for the use of your personal information for the following purposes by checking the appropriate box:

My name may be made available for volunteer recognition purposes and activities.

Yes No

You may contact me regarding additional volunteer opportunities, community events and announcements, training opportunities and conferences.

Yes No

Please add my name to your mailing list to receive the ACG Newsletter

Yes No

Please add my name to your mailing list in order to receive information regarding fund development activities, initiatives and campaigns.

Yes No

I have duly read the above information and give my consent which is provided voluntarily, without coercion or undue influence. I am aware that I may revoke my consent at anytime for all or part of the information for the purposes noted above.

Name: _____

Signature: _____

Date: _____