

Privacy, Confidentiality And Security Agreement

WOMEN'S HEALTH IN THE SOUTH EAST

15 Scott Street, Dandenong 3175

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Part one:

Women's Health in the South East is committed to ensuring we comply with relevant privacy, confidentiality and security legislation – to protect our clients, our staff and our organisation. As part of this, individuals are required to understand their obligations and responsibilities including what it means to sign this privacy, confidentiality and security agreement.

All persons, including Women's Health in the South East employees, contractors, volunteers and students who come into contact with, or have access to, confidential information have a responsibility to maintain privacy, confidentiality and security of that information.

Confidential information may include information relating to:

Clients and/or family members eg health records, conversations and financial information.

Employees, contractors, volunteers, students eg salaries, employment records, disciplinary actions.

Third parties eg vendor contracts, computer programs, technology.

Business information eg financial records, reports, memos, contracts, computer programs, technology.

Operations improvement, quality assurance, peer review eg reports, presentations, survey results.

To assist Women's Health in the South East to comply with legislation, staff are encouraged to make themselves aware of the content of the "Privacy Policy" and the impact on their role.

If you have any concerns or questions relating to the privacy, confidentiality or security of information whilst employed at Women's Health in the South East contact the CEO.

Part two:

As part of my employment I am required to understand and agree to the following:

I WILL ONLY access information I need to do my job.

I WILL NOT disclose, copy, release, sell, alter, misuse, be careless with or destroy any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct procedure as outlined in policy & procedures.

I KNOW that my access to confidential information may be audited.

I WILL NOT remove confidential information unless it is an authorised work practice.

I WILL report any activities to the CEO that I suspect may compromise the privacy or confidentiality of information. I understand these reports, made in good faith, will be held in confidence to the extent permitted by law.

I WILL protect the privacy of Women's Health in the South East' clients and employees.

I AM RESPONSIBLE for my use or misuse of confidential information.

I UNDERSTAND my obligations under this Agreement will continue after termination of my employment.

I am aware that failure to comply with this agreement may result in the termination of my employment at Women's Health in the South East and/or civil or criminal legal penalties.

By signing this, I agree that I have read, understood and will comply with this Agreement.

Signature:.....Date:...../...../.....

Print Name:

COPY 1 – to be signed and held by employee

COPY 2 – to be signed and held in employee record within Women's Health in the South East files.