

**Policy Type:**

**Policy #:**

Human Resources

HR-200-01

**Approved by Council on:** November 27, 2017

**Human Resources – Employee Confidentiality Statement**

**Policy**

All Town of Prescott employees must sign the attached Pledge of Confidentiality on a yearly basis. All new employees must sign the attached Pledge of Confidentiality as a condition of employment to ensure the security and confidentiality of records and personal information under the control of the Town of Prescott.

Confidential information includes but is not limited to information in the possession of the Town that the Town is either prohibited from disclosing, is required to refuse to disclose or exercises its discretion to refuse under the Municipal Freedom of Information and Protection of Privacy Act, Personal Health Information Protection Act or other legislation, and information concerning matters that are considered in an in-camera meeting under section 239 of the Municipal Act, 2001.

**Objective**

To ensure the security and confidentiality of records and personal information under the control of the Town.

**Procedure**

All employees must adhere to maintain the confidentiality of information that they learn in the course of their employment.

All offers of employment are conditional upon the execution of the attached Pledge of Confidentiality.

The Pledge of Confidentiality is signed, dated, witnessed, and placed in the individual’s personnel file.

A refusal to sign the Pledge of Confidentiality, attached as Appendix A, voids and nullifies the offer of employment.



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**Human Resources – Employee Confidentiality Statement – Appendix A**

I, the undersigned, acknowledge and understand the following:

That the Municipal Freedom of Information and Protection of Privacy Act provides standards for and requires administrative, technical and physical safeguards to ensure the security and confidentiality of records and personal information under control of the Town.

The Act requires that measures be taken to prevent unauthorized access to an institution’s records.

I further acknowledge and understand that in the course of my work for the Town of Prescott, I may have access to confidential, personal or health information pertaining to the Town, its clients, residents, the Town’s employees, auxiliary and volunteers, and members of the Town’s extended community. This information may be in written, verbal or other form.

I hereby agree to hold such information confidential and, except as may be required by law or as may be necessary in the performance of my duties, agree not to provide, access, use, disclose, release or make available such confidential, personal or health information to any person at any time without proper consent or authorization.

In the event that I am in doubt as to whether certain information is confidential or not, I agree to seek direction from my supervisor before disclosing or releasing any such information.

I further agree to take appropriate security measures to prevent unauthorized access to confidential, personal or health information.

All external third party requests for confidential, personal or health information must be directed to the Clerk of the Town of Prescott.

Any misuse or unauthorized disclosure or release of confidential, personal or health information must immediately be reported to the Chief Administrative Officer.

Any misuse or unauthorized disclosure or release of confidential, personal or health information shall be considered a breach of confidentiality.



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**Human Resources – Employee Confidentiality Statement – Appendix A**

I understand and acknowledge that any misuse or unauthorized disclosure or release of confidential, personal or health information shall be considered a breach of confidentiality and grounds for discipline up to and including dismissal.

I also understand and acknowledge that this Pledge shall survive the termination of my employment with the Town.

Signature

Witness Signature

Name (Print)

Date