



## **CONFIDENTIALITY AGREEMENT**

1. I, \_\_\_\_\_, hereby acknowledge that I am required to maintain complete and strict confidence of all information, verbal, seen or written that may come to my attention by reason of my service at the Military Family Resource Centre (MFRC). I understand that "information" in this context specifically includes, but is not restricted to, all client identification, name particulars or circumstance.
2. I agree that I will not disclose this information through intent or carelessness at any time, in any place, with any unauthorized person or external agencies either during my term of service or thereafter.
3. I understand that disclosure shall only occur with the expressed consent of the client (in writing) and on as need basis amongst the MFRC staff in a professional, discreet and appropriate manner.
4. I understand that the only exception to confidentiality is if a client is deemed to be a danger to themselves or others in which case I am authorized to present the facts to the Executive Director or designate with a view to contacting the appropriate authorities.
5. I acknowledge and understand that a breach of this undertaking is a clear violation of the terms and conditions of my service. I understand that breaching the agency standards of confidentiality will result in suspension or dismissal.

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Signature

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Date

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Signature of Coordinator

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Date