

CONFIDENTIALITY AGREEMENT

Muscular Dystrophy NSW (MDNSW) values and respects the privacy, confidentiality and dignity of our members, clients, their families, our staff, volunteers and donors.

MDNSW collects, uses, protects and releases personal information of clients, staff and others involved with the organisation in full compliance with The Privacy Act 1988 and amendments, and the Australian Privacy Principles. We have a legal obligation to protect the privacy of our clients and other individuals associated with our organisation.

Building and maintaining relationships of mutual trust is extremely important to MDNSW. The future of our organisation depends on good working relationships with our clients, funding providers, community partners, members/supporters, employees and volunteers. Employees and volunteers are expected to maintain professional behaviour that is respectful of the privacy and confidentiality of others and to uphold our reputation with the community at large.

Staff, contractors and volunteers of MDNSW are required to respect and protect the confidentiality of information which they are party to during their involvement with the organisation and its services, whether this is documented, shared at meetings or during conversations.

Protecting privacy and confidentiality may include but is not limited to:

- Client identity, personal contact details and case histories
- Personal details, information and files
- Donor & sponsorship information, statistics and databases
- Commercial, financial and other business-related matters

To protect the confidentiality of MDNSW, all staff, contractors and volunteers are asked to sign this confidentiality agreement prior to being given access to confidential information. The agreement signifies that you read and understood the expectations of MDNSW and commit to complying to the terms and guidelines of the agreement.

Confidentiality Guidelines

- **All personal information is confidential.** This includes such information as name, DOB, address, phone number, marital or relational status, sexual orientation, medical information, details of complaints or incidents or any other personal information. Regardless of any individual making their personal information common knowledge around you casually, this should never be repeated to anyone by you without that person's consent.
- **Confidentiality restrictions apply even after you've left the organisation.** Our confidentiality agreement extends not only for the duration of time you are working with or volunteering with MDNSW, but also continues indefinitely once the relationship with our organisation ends.
- **Do not discuss confidential information with family or friends.** It is never acceptable to discuss confidential information with your family or friends. Information about a client, supporter or MDNSW's commercial interests should not be disclosed to family members, lovers, friends or employers (both current and future).

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- **No public discussion or identification of confidential information.** Staff, contractors and

volunteers should avoid discussing Program client's names and/or circumstances in public places such as elevators, restaurants, etc.

- **Comply with privacy laws.** Only collect, use, protect and release personal information of clients, staff and other parties involved with MDNSW in full compliance with The Privacy Act 1988 and amendments, and the Australian Privacy Principles.
- **Do not share intellectual property.** Do not discuss or share intellectual property of MDNSW with other stakeholders or anyone else.

Confidentiality Acknowledgement

As a staff member or contractor/volunteer of Muscular Dystrophy NSW, I (print name) _____, agree that I will comply with the organisation's Confidentiality Guidelines and [Privacy Policy](#).

- I understand that this includes the obligation to treat all personal information pertaining to clients, staff and volunteers of MDNSW and all data gathered by MDNSW in a strictly confidential manner.
- I will not discuss such information outside of appropriate meetings, publish any data, nor release information to persons other than those authorized to receive information.
- I understand that this confidentiality requirement extends not only to the duration of my involvement with the organisation, but also continues indefinitely once my employment / volunteering relationship with MDNSW has ceased.

Signature: _____

Date: _____