



BRAIN INJURY

ASSOCIATION OF WINDSOR/ESSEX COUNTY

BRAIN INJURY ASSOCIATION OF WINDSOR ESSEX COUNTY ("BIAWE")

CONFIDENTIALITY POLICY FOR STAFF AND VOLUNTEERS

Policy:

The Association, its services and staff have a duty to maintain the right to privacy of all people -- people it serves, their families, people served by others, individual staff and Association members.

Procedure:

1. Every employee shall sign an Oath of Confidentiality Form on the first day of employment or as soon as practicable thereafter.
2. Every board member shall sign an Oath of Confidentiality Form when first appointed to the board or as soon as practicable thereafter.
3. Every volunteer shall sign an Oath of Confidentiality Form when deemed advisable by the board of directors.
3. If an employee is approached by any persons requesting specific or detailed information concerning staff or OBIA, he/she should confirm such release with the President of the Board.
3. The President of the Board is responsible for all statements to the press, or other communications media.
4. Information on BIAWE for public release (in the form of a brochure or a mailer) has been produced by BIAWE and may be distributed by staff as needed.
5. If written or verbal information concerning a client is requested by any outside source and it is in the best interest of the client concerned, it shall be released only with the signature of the client, or his/her guardian, if the client has been deemed legally incompetent.
6. "Appropriate release" is a completed, written, signed and witnessed form, stipulating that the person signing is allowing information to be released. It also states and limits to whom this information can be released.



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7. Completed release forms are to be kept permanently in a client's files for reference. Staff will ensure that an appropriate release of information has been correctly completed and is on file before releasing any information.
8. Releases are considered active for a period of three months. Therefore, a new release must be obtained every three months, should a need to continue to release information exist.
9. No records, notes or client information of any kind should be left out in view. All such material should be in a locked area when not being directly monitored by staff.
10. Specifically, with regard to neuropsychological and clinical psychological assessments, these materials can only be released by the original authors of the report.

**THIS POLICY HAS BEEN APPROVED BY THE BOARD OF DIRECTORS ON
FEBRUARY 23, 2010.**

**MELANIE GARDIN
PRESIDENT**

**CHERYL HENSHAW
SECRETARY**



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RELEASE OF INFORMATION, (FORM #001)

To Whom it May Concern:

I/we, (please print) _____

_____, residing at _____

_____, in the City of _____

_____, in the Province of _____, give the Ontario

Brain Injury Association permission to exchange any information and records either

verbally or in writing pertinent the present and future care and case of (name)_____

_____. This shall be done on

our behalf, and in our best interest, with all individuals who have, or are currently, working

with us;

or

Names of specific persons or agencies listed below.

Sincerely,

Client/Legal Guardian

Witness

(Signature)

(Signature)

(Date)

(Date)



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OATH OF CONFIDENTIALITY, (FORM)

<p>I, _____</p> <p>do swear that I will faithfully discharge my duties as an employee of the Brain Injury Association of Windsor and Essex County and will observe and comply with the laws of Canada and Ontario, and except as I may be required legally, I will not disclose or give to any person any information or document that comes to my knowledge or possession by reason of my being an employee of the Brain Injury Association of Windsor and Essex County.</p>

Signed by _____, this
_____ day of _____, 20__.

Witnessed by _____, this
_____ day of _____, 20__.



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VOLUNTEER'S OATH OF CONFIDENTIALITY, (FORM)

<p>I, _____</p> <p>do swear that I will faithfully discharge my duties as a volunteer of the Brain Injury Association of Windsor and Essex County and will observe and comply with the laws of Canada and Ontario, and except as I may be required legally, I will not disclose or give to any person any information or document that comes to my knowledge or possession by reason of my being a volunteer of the Brain Injury Association of Windsor and Essex County.</p>

Signed by _____, this
_____ day of _____, 20 ____.

Witnessed by _____, this
_____ day of _____, 20 ____.