

AP 416-4 Confidentiality Understanding Parent Volunteers and Non-Employees

NAME: _____ POSITION: _____

A public body must protect personal information in its custody or under its control by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or disposal. Personal information is any information that is about an identifiable individual excluding their contact information.

All individuals with access to records, documents or information (in whatever format, i.e. hard copy, verbal, electronic, etc.), which contain personal or confidential information, are responsible for maintaining the integrity and confidentiality of those records. A person who contravenes section 30.4 (unauthorized disclosure) of the Freedom of Information and Protection of Privacy Act, commits an offence.

Confidential records are created with an expectation that they will not be disclosed to anyone outside of the Abbotsford School District except those persons who require the records for a legitimate purpose. Confidential records include records containing information about student information, employee information, District information that are meant to be used internally and only disclosed in very limited purposes.

Individuals who have access to personal or confidential information:

1. Must acknowledge that they understand the obligation to protect the personal and confidential information of the District.
2. Must not release personal or confidential information to any person without the express consent of the school district.
3. Must **only** make use of personal or confidential information for the purpose for which it was disclosed to them.
4. May not make any copies of any records containing personal or confidential information and to return any records provided to them in the course of acting as a volunteer to the District.

Please sign the statement below.

I have read and understand and will adhere to the above policy.

_____ Name (Please print)	_____ Signature	_____ Date
_____ Witness (Please print)	_____ Signature	_____ Date