

Homelessness Information Partnership Fredericton (HIPF)

Limited Confidentiality Statement

I _____, of _____
(Name) *(Name of organization)*

Am aware that as a guest of the Homelessness Information Partnership Fredericton (HIPF) I will have access to confidential information for the purposes of assessing the appropriateness of applications for housing or support services. I agree to protect the privacy of applicants/clients and abide by the privacy policies of my organization with respect to access, storage, and sharing of client information. I recognize that by signing this agreement I am entitled to attend one By-Name List or Case Conferencing meeting on the following date:

This Confidentiality Statement will become void at the end of the meeting on the above date. To attend future By-Name List or Case Conferencing meetings, I will be required to sign a renewed HIPF Confidentiality Statement.

In particular, I will:

- Treat all client data as confidential, and only engage in discussion of such information as required in the course of my professional duties.
- Not release or otherwise provide access to such information to another person, agency, or body without the required prior authorization by the client and/or the HIPF.
- Ensure that confidential information is kept in a secure location at all times.
- Equally ensure that any information I am entrusted with remains confidential and secure.

I acknowledge a responsibility to report any instances where privacy has been breached or confidentiality appears to be misused to cover actions that might be fraudulent, unethical, or criminal in their intent. I accept that the HIPF will treat such reports in confidence and will protect me from negative sanctions if such reporting was honestly taken without malicious intent on my part. I also understand that improper disclosure of client information may be cause for the HIPF to rescind any future invitations to participate in committee meetings.

Signature: _____ **Date:** _____