



Box 1143, Dawson City, YT, Y0B 1G0
867 993 6900

Confidentiality Agreement

1. Purpose. The purpose of this Confidentiality Agreement is to protect the personal and sensitive information about clients and/or their animals under our care. Staff and Volunteers at the Humane Society Dawson (HSD) may encounter this information in the usual course of working at the HSD Shelter. Therefore, it is very important to refrain from disclosing any information to third parties about our clients/animals to avoid causing them harm.
2. Confidential Information.
 - a. Confidential client information should never be discussed in the presence of third parties, except under the Terms outlined below.
 - b. Any files and/or documents including photographs, containing confidential information should never be shared or released to third parties, such as social media posts, except under the Terms outlined below.
 - c. Confidential information includes, but is not limited to, the following:
 - i. Identifying information about the client, including name, address or phone number;
 - ii. Any other information that would identify the client or potentially place the client and/or family members at risk.
3. Terms: By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions:
 - a. All communications between HSD staff, volunteers, and clients are confidential.
 - b. The staff or volunteer shall not disclose confidential information to a third party without the client's express consent to release such information.
 - c. The staff or volunteer shall not disclose confidential information to a third party without the HSD Board's knowledge and consent.
 - d. I understand that as a staff or volunteer, I have a duty to keep client information confidential throughout my term as a staff or volunteer as well as after my employment or volunteer status ends.
 - e. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my participation as a staff or volunteer at the HSD.

I, (_____), have read the above the HSD's Confidentiality Agreement and understand its terms and my responsibilities as an employee // volunteer of the HSD.

Signature of Staff or Volunteer: _____

Signature of Supervisor: _____

Date: _____