

KENORA DISTRICT SERVICES BOARD

HUMAN RESOURCES DIRECTIVE

DATE: June 21, 2010

CATEGORY: General

SUBJECT: Client Confidentiality

NUMBER: HR-I-02

REVISION DATE: [REDACTED]

Service Objective:

To establish a process to ensure all client information and records are treated confidentially by employees and/or contracted service providers in the exercise of their duties.

Service Description:

1. Each client has a right to access his/her records in the control of the Kenora District Services Board (KDSB) as determined by the applicable legislation under which such record(s) were established.
2. A client has the right to protection of all personal information contained in any records maintained by the KDSB. Confidentiality extends to all information KDSB personnel and contracted service providers acquire in the exercise of their duties.

It extends to the nature of the client's personal, familial, health and financial situation and circumstances including everything the client discloses with a view to giving a better understanding of their situation and/or circumstances. Even the knowledge that the client is known to the KDSB is confidential.

Client's shall be required to provide authorization through execution of a consent form (attached), consenting to the collection of information by KDSB and the release of information to an authorized employee or representative KDSB for the purpose of determining and verifying eligibility for assistance (initial and ongoing) under the legislation applicable to the type of assistance being applied for.

3. None of the client's information is to be divulged except as needed for KDSB purposes and as provided and/or prescribed by law.
4. Any misuse or unauthorized disclosure of this information is considered a breach of confidentiality and shall be reported to the Chief Administrative Officer or designate immediately. Disciplinary action shall be taken and in the case of KDSB employees

may include termination of employment and in the case of contracted service providers may include termination of contracted services.

Reference: KDSB Policy No. HR-I-09

Appendix: Client Consent Form

Prepared by: Sten S. Lif



Chief Administrative Officer

August 20, 2010

Date

INTER-DEPARTMENTAL CONSENT FORM

I/We _____
(Print Name of Applicant/Recipient or person applying on behalf of applicant/recipient)

(Print Name of spouse)

(Print Name of Dependent Adult)

Hereby consent to the collection of information by and the release of information to _____, an authorized representative of the Kenora District Services Board, for the purpose of determining and verifying my/our initial, and/or ongoing eligibility for, _____. The information collected may be shared with and disclosed to any authorized representatives of the Kenora District Services Board to assist in determining and verifying my/our initial and/or ongoing eligibility for assistance under any other program or service offered by the Kenora District Services Board for which I/we have applied.

Without limiting the generality of the above noted consent, I/we specifically consent to the release of information related to my/our financial situation, including but not limited to, bank accounts, safety deposit, assets of any nature of any of the above noted parties or jointly with any other person and any relevant information from any financial institution.

I/we further consent to the collection and disclosure of personal information about me/us, and any of my/our dependent children or children temporarily in my/our care, for the above noted purpose.

Signed in the _____ of _____
(City/Township/Municipality) (Name of City/Township/Municipality)

Dated this ____ day of _____, 20_____
(Day) (Month) (Year)

(Signature of Applicant/Recipient)

(Signature of Spouse/Same-sex Partner)

(Signature of Dependent Adult)

(Signature of Witness)