

Section/Number: Human Resources – 007	Approval Date: (DD/MM/YY)
Subject: Confidentiality	Amendment Dates:
<p>Policy</p> <p>Employees will acquire confidential information that relates to the conduct and operations of the Community Government. The information is the exclusive property of the Community Government and employees must maintain the confidentiality of the information.</p>	
<p>Definitions</p> <p>Confidential information includes, but is not limited to, verbal and written communications, computer programs and messages, photographs, financial and accounting records, human resources information and any other documentation or information.</p>	
<p>Guidelines</p> <ol style="list-style-type: none"> 1. Employees are required to sign an Oath of Confidentiality before assuming their duties. 2. Confidential information must not be disclosed to persons who are not Employees of, or not employed by, the Community Government and/or employees of the Community Government who are not privy to such information. 3. Employees may not make unauthorized use of information they have acquired as a result of their position or of any property or facilities owned or operated by the Community Government. 4. Employees may not, except as authorized or required by their duties, reveal any confidential information concerning the Community Government which may come to their knowledge as a result of their position. 5. Employees must keep confidential all information entrusted to them and not use or attempt to use any such information in any manner to their advantage or to the advantage of their family or other business or personal relationships. 6. Before disclosing any confidential or potentially confidential information, an Employee must obtain the written approval of the Senior Administrative Officer. 7. Failure to adhere to this policy may result in disciplinary action up to and including dismissal. 	

Logo

Community Government Name

Attachments
Sample Confidentiality Form
References
N/A

Confidentiality Acknowledgement Form

This is to confirm that I have read, understood and agree to abide by the Community Government Confidentiality Policy.

Employee Name

Employee Signature

Date:

This is to confirm that I have explained the Community Government Confidentiality Policy to the above named employee.

Supervisor's Name

Supervisor's Signature

Date:
