



# CONFIDENTIALITY/PERSONAL INFORMATION AGREEMENT(MOU)

This document ensures that your personal information is **confidential** and treated **respectfully**.

This agreement has been developed for three purposes:-

1. So that you know what is happening to your own information
2. To help you understand that sometimes we may have to act to help you without you agreeing. This may be for example if you tell us that you are going to hurt yourself or someone else.
3. To get permission from you to gain/release information

Below is more information about the points above.

## Point 1

### **Case notes**

Case notes are notes that you might see me taking when with you or I might take them after the session to ensure that what occurs in this relationship is documented. You are able to see this information anytime that you would like and/or make amendments. Your personal information that is written in case notes will be safe and secure and won't be left lying around so others might see it. Because of the traveling your case notes may be carried in the car from time to time. Obviously the car would be locked if unattended. All care will be taken to ensure your details are confidential and treated respectfully.

Because I work as part of an agency I will share some of your information with my colleagues, this is done as part of my accountability for the work that I do and to ensure I am continually improving as a worker. This information may also be useful if ever I am on holidays, sick or unable to be contacted, if there is an issue that needs addressing immediately, my work colleagues may be able to assist. This information is held within the organisation and the same confidentiality described in this paper binds all colleagues.

### **Recording Information on the Data Collection Systems**

Service organisations are always trying to make their service better. To do this we need to collect and record your non-identifying personal information, this may be on a Data Collection System. This is so common issues that you and other young people are facing are identified and service delivery is continually and appropriately addressing your needs. This Data Collection System will only be viewed by those who are authorised to do so.

**Non-identifying information** means that authorised people who will be seeing this information will not know who you are because your name and address is not collected on the data collection system.

## Point 2

### **Confidentiality Limitations**

There are **confidentiality limitations**, for example, when I believe that you or another person is at serious risk of harm or you are a danger to yourself or others, I have the responsibility to inform appropriate personnel or provide information if requested by them. When I feel I must break confidentiality, it will be discussed with you first where possible.

## Point 3

### **Authority to Gain or Release Information**

A Youth Worker may need to talk to, or refer you to other people for more specialised help. This will only be done with your permission and discussed in each instance (unless it applies to Point 2). Remember this is done to be able to provide the best service to you.

### **Note:**

This MOU is an agreement between us that confirms our commitment to confidentiality, respect, safety and legality. This means that you and I are expected to act in an appropriate way, and that destructive, violent and inappropriate behaviour will not be tolerated and may be reported to the relevant authority.

**Point 4  
Authority to Release Information**

|   |                       |           |                |                          |
|---|-----------------------|-----------|----------------|--------------------------|
| I |                       | authorise |                | to release the following |
|   | (Young Person/client) |           | (Youth Worker) |                          |

information about me to the following third party/ies: For the purposes of (eg referral)  
Comments by young person or worker regarding confidentiality/personal information:

|  |
|--|
|  |
|  |
|  |

|               |  |               |  |        |  |
|---------------|--|---------------|--|--------|--|
| Organisation: |  |               |  |        |  |
| Name:         |  | Position/Role |  | Email: |  |
| Phone:        |  | Mobile:       |  | Fax:   |  |

|               |  |               |  |        |  |
|---------------|--|---------------|--|--------|--|
| Organisation: |  |               |  |        |  |
| Name:         |  | Position/Role |  | Email: |  |
| Phone:        |  | Mobile:       |  | Fax:   |  |

|               |  |               |  |        |  |
|---------------|--|---------------|--|--------|--|
| Organisation: |  |               |  |        |  |
| Name:         |  | Position/Role |  | Email: |  |
| Phone:        |  | Mobile:       |  | Fax:   |  |

**Young Person's Agreement and Signature**

I sign this form because:-

- The above confidentiality agreement has been provided, explained and discussed with me by the Youth Worker, .....
- I give permission for my personal information to be used as described in Point 1: Case notes
- I give permission for my personal information to be used as described in Point 1: Data collections
- I understand the limitations of confidentiality as described in Point 2
- I give permission for my personal information to be used as described in Point 3
- I also understand that I can discuss any of the above in more detail at a later date, if I ..... choose.
- I give permission to inform the referring party of acceptance or non-acceptance of referral.

|       |  |            |  |        |     |
|-------|--|------------|--|--------|-----|
| Name: |  | Signature: |  | Dated: | / / |
|-------|--|------------|--|--------|-----|

**Youth Worker**

I have given a copy and read over the above to ..... and I believe that he/she has understood the confidentiality agreement and any questions regarding confidentiality have been answered and understood.

|       |  |            |  |        |     |
|-------|--|------------|--|--------|-----|
| Name: |  | Signature: |  | Dated: | / / |
|-------|--|------------|--|--------|-----|

**Parent(s)/ Guardian(s)**

I have read the above Confidentiality/Personal Information Agreement(MOU) and give permission for .....to sign the Agreement.

|       |  |            |  |        |     |
|-------|--|------------|--|--------|-----|
| Name: |  | Signature: |  | Dated: | / / |
|-------|--|------------|--|--------|-----|