

Confidentiality Agreement

I, the undersigned, in consideration of my participation as a volunteer or staff member with Occupational Therapy Australia (OTA) hereby agree to the following Confidentiality Agreement.

I understand that I may be given access to confidential and/or proprietary information to the extent necessary in order to perform my duties as a volunteer or staff member of OTA.

I shall not, at any time either during or subsequent to this participation or employment with OTA make unauthorised disclosures or unauthorised use of any information that is considered to be proprietary or confidential to OTA.

Proprietary information includes, but is not limited to, all information, data, reports, analyses, processes, know-how, designs, plans, marketing data, business plans and strategies, negotiations and contracts, research, and volunteer, donor or vendor lists, compilations, trade secrets, intervention research grant and scholarship application information and other confidential information, whether in written, oral or electronic form.

Confidential information includes, but is not limited to, any personal information of OTA employee, volunteer, agency partner, or donor, whether in written, oral or electronic form.

All employer records and information relating to OTA its volunteers, agency partners, and donors are confidential and I will treat all matters accordingly. This includes any information protected under any applicable state or federal privacy law. No OTA related information, including without limitation, documents, notes, files, records, oral information, computer files or similar materials (except in the ordinary course of performing duties on behalf of OTA) may be removed from OTA premises without permission from OTA staff leadership.

Additionally, the contents of OTA's records or information otherwise obtained in regard to business may not be disclosed to anyone, except where required for an authorised business purpose and/or required by law.

I will not disclose any confidential information, purposefully or inadvertently (through casual conversation), to any unauthorised person inside or outside OTA. If I am unsure about the confidential nature of specific information, or whether specific information may be protected under state or federal law, I will ask an OTA staff member/leadership for clarification before disclosing the information.

When I cease my participation as a volunteer or employee with OTA, I will return all OTA related information and property that I have in my possession, including without limitation documents, files, records, manuals, information stored on a personal computer, personal data assistant or computer drives, supplies, and equipment or office supplies.

Signature of Staff member / Volunteer

Date

Manager / CEO signature

NOTE:

For use by all staff and members of the Board, Divisional Councils and Board Committees