



Employee Confidentiality Acknowledgment

I, _____, an employee of Open Arms Link, hereby acknowledge and confirm that I have received, read, and understood the importance of maintaining strict confidentiality regarding the affairs of the organization, the home, and its residents. I am aware that during the course of my employment, I may have access to sensitive information, records, and data related to the organization's operations and the well-being of our residents. I recognize and accept my responsibility to uphold the highest standards of confidentiality and privacy.

I understand that the sensitive information includes, but is not limited to, personal and medical records of organization's residents, financial data, proprietary business strategies, trade secrets, and any other information that may be deemed confidential. This information is the property of Open Arms Link and its residents, and I acknowledge that any unauthorized disclosure, sharing, or use of this information could result in severe legal and financial consequences for both myself and the organization.

By signing this acknowledgment, I pledge to:

Safeguard Confidential Information: I will not disclose or share confidential information with unauthorized individuals, either during my employment or after its termination. I will take appropriate measures to prevent the accidental or intentional disclosure of confidential information.

Use of Information: I will use confidential information solely for the purposes related to my job responsibilities at Open Arms Link. I will not use such information for personal gain or any other unauthorized purposes.

Secure Handling: I will follow all prescribed protocols and procedures for the secure storage, transmission, and disposal of confidential information to prevent unauthorized access or data breaches.

Professional Conduct: I will act in a professional and ethical manner, respecting the trust placed in me by the organization and its residents. I will maintain the integrity of our operations and the privacy of our residents.

Reporting: If I come across any suspicious or potentially unauthorized sharing of confidential information, I will promptly report it to my supervisor or the designated authority within the organization.

I understand that any violation of this confidentiality agreement could lead to disciplinary action, including but not limited to reprimand, suspension, termination of employment, and legal action.

I hereby acknowledge that I have been provided with the necessary training and information to understand the significance of maintaining confidentiality within Open Arms Link, the homes, and in relation to our residents.

By signing below, I signify my commitment to upholding the confidentiality Open Arms Link, the homes, and its residents:

Employee's Full Name: _____

Employee's Signature: _____ Date: _____