



## Confidentiality Agreement

You must always be aware of the confidentiality of the information gained during the course of your membership of the HSP Board. This may include access to personal information relating to beneficiaries, public and staff. It is expected that you understand the importance of treating information in a discreet and confidential manner, and your attention is drawn to the following:

1. All documentary or other material including any downloaded data onto laptop/USB/any other storage device containing confidential information must be kept securely at all times when not being used by a member of staff or a volunteer and must be returned to us at the time of termination of your work with us, or at any other time upon demand;
2. Information regarding the organisation and those working with it or benefitting from its activities must not be disclosed either orally or in writing to unauthorised persons. It is particularly important that employees and volunteers should ensure the authenticity of telephone enquiries;
3. Conversations relating to confidential matters affecting the organisation, beneficiaries, volunteers, and the public should not take place in situations where they can be overheard (i.e. in corridors, reception areas, lifts etc.);
4. Any breach of confidentiality may be regarded as misconduct/gross misconduct and be the subject of serious disciplinary action which may result in your dismissal as a Board Member.

The importance of confidentiality cannot be stressed too much and it is important that it be borne in mind at all times.

The restriction shall continue to apply after the termination of your membership of the HSP Board without limit in point of time but shall cease to apply to information ordered to be disclosed by a Court of competent jurisdiction or otherwise required to be disclosed by law.

For the purpose of clarity, you shall not at any time (save as required by law) before or after the leaving the HSP Board, disclose such information to any person without our prior written consent.

I have read and I understand the above terms. I agree that they form part of my agreement to membership of the HSP Board.

HSP Board Member's signature: ..... Date: .....

Date: .....