

# SISTERING

## Sistering Confidentiality Policy

### To Be Posted At All Program Locations

#### 1. Sistering's Commitment to Confidentiality

Sistering respects the rights of participants not to share any personal identifying information. The confidentiality of all women is a commitment we make to participants. In general no information will be shared with any external individual or agency without the expressed informed consent of the woman concerned. Without exception women will be encouraged and supported to communicate directly with providers so as to promote self-reliance, improved life skills and the accuracy of shared information.

#### 2. Sharing of Information

Information regarding women coming into the programs may be shared among staff members in order to provide consistent and informed service. Women should be informed that information disclosed to a staff member or volunteer may be shared with other staff. When describing behaviours staff will use lay terms rather than medical or diagnostic terms as Sistering is a non-medical service.

#### 3. Limits of Confidentiality

There are limits to Sistering's ability to maintain confidentiality:

- a woman is at high risk of harming herself
- a woman is at high risk of harming others
- a woman discloses a high risk of harm to a minor
- Sistering files are subpoenaed by a court of law.

In these situations, we are unable to maintain confidentiality regardless whether we have consent or not. Staff will make every effort to have a discussion with women prior to breaching confidentiality in these situations.

#### 4. Consent of Release of Information

A Consent to Release of Information form is mandatory if any agency is asking for information outside the circle of care. A copy of the *A Consent to Release of Information* is given to the requesting agency and to the woman upon request. Information consents are time-limited and must be kept secured for 10 years.

#### 5. Breach of Confidentiality

A breach of the confidentiality rules will be addressed and may result in disciplinary action up to and including dismissal.



## CONFIDENTIALITY AGREEMENT FORM

I, \_\_\_\_\_, have read, understand and  
(Please print your name)

agree to follow Sistering's confidentiality policy. I promise to hold in confidence all matters that come to my attention while in this role and when I have finished my role at Sistering. I will respect the privacy of the people whom I serve and confer appropriately with those designated as my co-workers, supervisors, and/or administrators. Furthermore, I will use information gained in the course of my service at Sistering in a responsible manner.

If I have a personal relationship with a participant that pre-dates my role at Sistering, I will inform staff/ supervisor so that appropriate arrangements can be made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date