

CONFIDENTIALITY AGREEMENT

When working for Youth Options, you will often need to have access to confidential information which may include, for example:

- Personal information about individuals who are clients or otherwise involved in the activities organised by Youth Options.
- Information about the internal business of Youth Options.
- Personal information about staff or volunteers working for Youth Options.

Youth Options is committed to keeping this information confidential, in order to protect people and Youth Options itself. 'Confidential' means that all access to information must be on a "need to know" basis and properly authorised basis. You must use only the information you have been authorised to use, and for purposes that have been authorised. You should also be aware that under the Data Protection Act, unauthorised access to data about individuals is a criminal offence.

You must assume that information is confidential unless you know that it is intended by Youth Options to be made public. Passing information between offices does not count as making it public, but passing information to another organisation does count.

You must also be particularly careful not to disclose confidential information to unauthorised people or cause a breach of security. In particular you must:

- not compromise or seek to evade security measures (including computer passwords);
- be particularly careful when sending information to other agencies and organisations;
- not gossip about confidential information, either with colleagues or people outside Youth Options;
- not disclose information — especially over the telephone — unless you are sure that you know who you are disclosing it to, and that they are authorised to have it.

If you are in doubt about whether to disclose information or not, do not guess. Withhold the information while you check with an appropriate person whether the disclosure is appropriate.

Your confidentiality obligations continue to apply indefinitely after you have stopped working or volunteering for Youth Options.

I have read and understand the above statement and the Confidentiality Policy. I accept my responsibilities regarding confidentiality.

Signed:

Date:

Print Name: