

**Multiple Sclerosis Society of Canada
Volunteer and Staff Privacy and Confidentiality Agreement**

I, the undersigned,

(Name of volunteer or staff person)

acknowledge having received, read and understood the document entitled Multiple Sclerosis Society of Canada Privacy and Confidentiality Policy and the Implementation Guidelines attached.

I further agree that I will hold in confidence the identities of persons with multiple sclerosis, their Client Services records and will not divulge such information, orally or in writing, without the express consent of the individual concerned and only to those Multiple Sclerosis Society of Canada authorized volunteers or staff whose duties require them to have this information on a “need to know” basis and in addition only to individuals, organizations or companies authorized by the Multiple Sclerosis Society of Canada to have this information to fulfill a service or program.

In the absence of consent, sensitive personal information will not be disclosed.

I further agree to conform to the best of my ability and to take reasonable steps to meet the Multiple Sclerosis Society of Canada’s requirements respecting the marking, control, transmission, reproduction, handling, storage and destruction of records of personal information .

(Signature)

(Date)

(Address)

(Note: All staff and all volunteers who have access to Personal Information and Personal Health Information must sign this agreement when they are hired or become a volunteer and on an annual basis thereafter.)