

# Confidentiality Agreement

CALHN / External Volunteers

This Volunteer Confidentiality Agreement underlines the importance of ensuring Confidential Information both remains confidential, and the information is used for its intended purpose. This Confidentiality Agreement is an arrangement between Central Adelaide Local Health Network (CALHN) and the permission granted to you to act as a Volunteer under the CALHN Volunteer Services Unit.

We appreciate your decision to volunteer with us and we will do the best we can to make your volunteer experience enjoyable and rewarding. To ensure that volunteers are both understanding and compliant, this document will highlight relevant information from the “PC 012 – Information privacy Principles (IPPS) Instruction”.

## Handling Sensitive Information

### Collecting Information:

Only collect personal or sensitive information when it is necessary for your volunteering role. Ensure that the person you are collecting information from knows why you need it and how it will be used.

### Storing Information:

As a volunteer you agree to safeguard any personal or sensitive information you handle. Keep it secure and do not leave it unattended. If you need to store information, make sure it is in a secure place, whether physically or digitally.

### Using Information:

You agree to use the information you collect only for the purpose it was intended. Do not use or share personal information for any reason outside of your volunteer duties unless required by law or to protect someone’s safety.

### Sharing Information:

As a volunteer you agree to not share any personal or sensitive information with others unless it is essential for completing your assigned task, the individual has provided consent, or it is legally required or necessary to prevent harm. If you must discuss sensitive information, ensure the conversation takes place in a private setting where it cannot be overheard.

### Accessing Records:

As a volunteer, you agree to access only the personal or sensitive information required for your volunteering duties. You must respect the privacy of others and refrain from viewing any records or information that are not directly related to your role.

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Sign Initials:	Effective Date: September 2024	Next Review Date: September 2026	Approval Authority: Carlie Sangster-Team Leader

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## Reporting Concerns:

If you believe sensitive information has been mishandled or is at risk, report it immediately to the Team Leader.

## Compliance:

As a volunteer you agree to follow all guidelines for handling, storing, and sharing sensitive information. Understand that failing to comply with these guidelines may lead to a review of your current volunteer role or termination of your volunteering.

## Social Media:

As a volunteer you agree to not post or share any personal, sensitive, or confidential information related to your volunteer work on social media or any public platforms.

## Declaration

I \_\_\_\_\_ understand and acknowledge all the above information above. I understand that breach of any of these conditions may result in CALHN reviewing or ceasing my services. I agree to CALHN keeping copies of my information in a secure personnel file if required.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

## For more information

**RAH Volunteer Services Unit**  
Royal Adelaide Hospital

Level 3A, Main Concourse  
Port Rd, ADELAIDE, SA 5000  
T: (08) 7074 1240

[Health.RAHVolunteers@sa.gov.au](mailto:Health.RAHVolunteers@sa.gov.au)

**HRC Volunteer Services Unit**  
Hampstead Rehabilitation Centre

207-235 Hampstead Road  
Lightsview, SA 5085  
T: (08) 8222 1716

[Health.HRCVolunteers@sa.gov.au](mailto:Health.HRCVolunteers@sa.gov.au)

**RHP Volunteer Services Unit**  
Repat Health Precinct – Statewide Rehabilitation Services

Building 12, 216 Daws Road  
Daw Park, SA 5041  
T: 0468 535 599

[Health.RHPcalhnstatewiderehabvolunteers@sa.gov.au](mailto:Health.RHPcalhnstatewiderehabvolunteers@sa.gov.au)

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