



**YARMOUTH ASSOCIATION FOR COMMUNITY RESIDENTIAL OPTIONS**

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Western Region Respite Program

***Confidentiality***

I, \_\_\_\_\_ hereby acknowledge that all information disclosed to me, through my association with Yarmouth Association for Community Residential Options, in regards to any client or their family is to be held in confidence.

I understand and agree only to discuss the personal information of a client/and or their family with those individuals directly related to the provision of respite services to the client and their family, and furthermore I agree to maintain an attitude of respect and professionalism when discussing these matters.

I also understand that breach of confidentiality will cause the removal of my name from the Registry of Respite Workers.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_