

## Confidentiality Policy for Visitors

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Drafted by	Josephine Stewart	Approved by Board on	20/11/2025
Responsible person	Anne Mackay	Scheduled review date	20/11/2027

Respecting the privacy of our clients, donors, members, staff, volunteers, visitors and of the Radiance Network South West Inc (“Radiance”) itself is a basic value of Radiance.

Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorisation from the Chair, or Vice-Chair if Chair not available.

All information concerning clients, former clients, our staff, volunteers, and financial data, and business records of Radiance is confidential. “Confidential” means that you are free to talk about Radiance and about your program and your visit, but you are not permitted to disclose clients’ names or talk about them in ways that will make their identity known. No information may be released without appropriate authorisation. This is a basic component of client care and business ethics.

Care shall also be taken to ensure that unauthorised individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Visitors of Radiance may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of Radiance that such information must be kept confidential both during and after the visit.

Visitors are expected to return materials containing privileged or confidential information at the end of their visit.

Failure to maintain confidentiality may result in corrective action. This policy is intended to protect you as well as Radiance because in extreme cases, violations of this policy also may result in personal liability.

**Certification**

I have read Radiance’s policy on confidentiality and the Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my contact at Radiance immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy could lead to personal liability.

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

DATE \_\_\_\_\_