APPENDIX A
Gravenhurst Public Library
Employee Confidentiality Agreement

Pursuant to Section 47(c) of the Municipal Freedom of Information and Protection of Privacy Act and Ontario Regulation 823:

I, _____(please print name) have accepted a position

with the Gravenhurst Public Library.

I HEREBY ACKNOWLEDGE AND UNDERSTAND the following:

THAT the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* provides standards for and requires administrative, technical and physical safeguards to ensure the security and confidentiality of records and personal information under the control of the Gravenhurst Public Library.

THAT Ontario Regulation 823 intends to apply access and security considerations in the day-to-day administration of an institution's records and requires measures be taken to prevent unauthorized access to an institution's records.

I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT in the course of my employment, I will acquire and be exposed to confidential information related to the Gravenhurst Public Library itself, its businesses, processes, personnel, and its patrons. If, at any point during my employment with the Gravenhurst Public Library, I am in doubt as to whether or not certain information (written or verbal) is confidential within the meaning of the Library's policies, I agree to seek clarification of that issue from the CEO/Chief Librarian or other appropriate person with authority at the Gravenhurst Public Library, before making any disclosure of the information in question.

I HEREBY AGREE to hold such information confidential and, except as may be legally required, will not disclose or release it to any person at any time without proper consent or authorization.

I AGREE to take appropriate security measures to prevent unauthorized access to confidential information during the course of my employment with the Gravenhurst Public Library.

I AGREE to follow Gravenhurst Public Library Policy *PAT-01 Privacy, Access to Information and Electronic messages under CASL*.

I FURTHER AGREE that my confidentiality obligations pursuant to this Agreement survive the cessation of my employment with the Gravenhurst Public Library for any reason.

DATED at the Gravenhurst Public Library, this ______ day of _____, 20____.

_____ _____

Employee's Signature Witness's Signature