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CONFIDENTIALITY AGREEMENT

Your decision to allow New Heights Autism Support Society (hereinafter referred to as “NHASS”) the trust to be part of your family’s lives is important to us. We want to express that we, as an agency, respect your Privacy. Anything that is shared with NHASS employee or contractor, will be treated as strictly confidential and contained within the privacy of NHASS.

There are three exceptions to this statement of confidentiality that families will need to be aware of:

1. If risk of abuse to a child or vulnerable adult is disclosed, all BC adults, including NHASS representatives, are required, under the law, to report any incident(s) to the proper authorities.
2. If you are in danger of harming yourself or someone else, or if you threaten someone, NHASS must inform the proper authorities in an attempt to preserve safety.
3. If a Judge orders it, NHASS may have to give information about you, your child, or your family to the court system.

By signing below, you indicate that you have read and understand these limits to our confidentiality agreement, and that you have had an opportunity to discuss it with a NHASS representative.

Signature: _____ NHASS Witness: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

***This agreement is valid for up to one (1) year after the signing date.
This consent may be revoked at any time by the individual or legally recognized signing authority.***