

# Deed of Confidentiality

**THIS AGREEMENT** is made on the ..... day of  
(Day: e.g. twenty-first)

..... in the year  
(Month: e.g. October)

20.....  
(Year: e.g. 07)

**BETWEEN:**

.....  
(Full Name)

of .....  
(Full Residential Address)

in the state of Queensland (hereinafter called .....) of the first part

**AND:**

**QUEENSLAND ASSOCIATION FOR HEALTHY COMMUNITIES INC,**  
of 30 Helen Street, Newstead in the State of Queensland (hereinafter called  
“QAHC”) as the second part.

**WHEREAS:**

1. .... (Insert First Name) recognises that, as an employee / volunteer [**delete whichever is not applicable**] of the QAHC, he/she [**delete whichever is not applicable**] may learn certain facts and have access to records that are of a highly personal and confidential nature.
2. .... (Insert First Name) understands that such information includes medical condition, treatment, sexual orientation, gender identity, relations with family members, names and address of individuals with HIV/AIDS and their friends and family, and other records pertaining to volunteer workers, staff and clients.

**NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:**

1. .... (Insert First Name) agrees not to disclose any information of a personal or confidential nature to any person without the authorisation of the General Manager or specific consent of the person or persons concerned.
2. .... (Insert First Name) agrees not to disclose the identity of anyone seen on premises belonging to the QAHC, to any person not employed by the said Association, without the specific consent of the person concerned.
3. .... (Insert First Name) agrees to abide by the Association’s volunteer and/or staff policies as they are enacted from time to time.

*For volunteers only...*

4. .... (Insert First Name) acknowledges that this work is undertaken of one’s own free will, there is no financial payment (which does not preclude reimbursement of out-of-pocket expenses) and it is of benefit to the community.

**IN WITNESS WHEREOF the parties have executed these presents on the day and year first herein before written.**

SIGNED by the said .....  
(Full Name) (Signature)

in the presence of:

.....  
(Full Name) (Signature)

(A Solicitor / Justice of the Peace / Commissioner of Declarations)  
(Seal of Office / Reg. No.)

<u>GIVEN</u> under the Common Seal of the <u>QUEENSLAND ASSOCIATION FOR</u> <u>HEALTHY COMMUNITIES INC</u>	]
by authority of a resolution of the Board under the hands of two (2) authorised Officers thereof in the presence of:	]..... ] ]..... ]
..... (A Solicitor / Justice of the Peace / Commissioner of Declarations)	..... (Seal of Office / Reg. No.)