[Insert organisation name/logo]

Privacy and Confidentiality Agreement: Working from home

**🖌Note\***

This template is an example of an agreement between an Organisation and the clinical staff employed to provide support via outreach, counselling and/or case management. It is designed to prepare staff for working from home specifically in relation to maintaining privacy and confidentiality when supporting clients remotely via telephone, video-conference or written correspondence.

This template is complimented by the supporting document ‘**Working from home—report and agreement’ in the** [human resources](https://www.nada.org.au/policy-toolkit/policy-toolkit-human-resources/) **section of the Policy Toolkit.**

\*Please delete note before using the template.

In response to COVID 19, we at [**Organisation**] have had to adapt our practices based on staff working from home. One of the key considerations for providing therapeutic support from home relates to maintaining privacy and confidentiality - this agreement outlines the considerations that need to be in place in order to uphold privacy and confidentiality and provide a high standard of care to clients.

The kinds of activities that might be undertaken at home include:

* counselling
* staff meetings and check ins
* clinical supervision
* professional development.

In order to ensure your wellbeing, the clinical safety of clients you are supporting, and the importance of privacy and confidentiality requirements please complete this checklist.

|  |  |
| --- | --- |
| **1. EMPLOYEE DETAILS** | |
| **Name** |  |
| **Home-based work address** |  |

|  |  |  |
| --- | --- | --- |
| **WORKING FROM HOME: Workstation and environment** | | |
| **Detail** | **Yes/No** | **Action required** |
| **Workstation and physical environment** | | |
| The workstation size, height and spacing is adequate for the tasks to be performed | **□ Yes □ No** |  |
| The chair is stable and provides adequate support | **□ Yes □ No** |  |
| The computer screen is approximately arm’s length from user and screen height is 350-750mm above work surface. I have access to headphones/microphone | **□ Yes □ No** |  |
| I have created an inviting space where external noise and interruption are unlikely to occur | **□ Yes □ No** |  |
| Where video is being used, I have ensured that both my attire and background are appropriate | **□ Yes □ No** |  |
| I am familiar with the technology I am using and have provided my clients with support to engage with me in this way | **□ Yes □ No** |  |
| **Privacy and confidentiality is maintained** | | |
| I conduct my meetings in a room that is sound proofed, and/or I use headphones to ensure people that I am speaking with cannot be heard by others | **□ Yes □ No** |  |
| Before proceeding I routinely check in with my clients to ensure they are in a safe, comfortable space and reiterate privacy and confidentiality considerations | **□ Yes □ No** |  |
| I commit to ensuring that I have a signed consent form or alternative agreement (e.g. via email) from the client that indicates they understand their rights regarding privacy and confidentiality – these records are always added to the client file | **□ Yes □ No** |  |
| **Preparing your client – safety and support** | | |
| I have provided my client(s) with information about the change in service delivery | **□ Yes □ No** |  |
| In discussing with my client about the change in service delivery, I routinely check they are safe, have access to technology and establish alternate ways of checking in should the technology not work | **□ Yes □ No** |  |
| I commit to establishing a safety plan and communicate it with my client should an incident occur, and connectivity be lost | **□ Yes □ No** |  |
| I commit to ensuring there is agreement about the way in which I will be in contact e.g. text, email, phone and explored with the client, the implications for privacy | **□ Yes □ No** |  |
| I commit to checking in with my client throughout the session to ensure engagement, and again as I complete the session to ensure they are safe and to get feedback on how it went | **□ Yes □ No** |  |
| **Record keeping** | | |
| I commit to ensuring that any case notes I complete are securely uploaded to **[Organisation platform]** in a timely fashion | **□ Yes □ No** |  |
| Any written notes not entered securely onto the **[Organisation platform]** will be routinely kept in a locked cabinet or password-protected folder | **□ Yes □ No** |  |
| I commit to ensuring the collection of mandatory demographic, episode and outcomes data is entered onto the **[Organisation platform]** in a timely fashion | **□ Yes □ No** |  |
| [Enter additional items here] | **□ Yes □ No** |  |
| **Other considerations** | | |
| There is a fully equipped First Aid Kit on site | **□ Yes □ No** |  |
| [Enter additional items here] | **□ Yes □ No** |  |
| [Enter additional items here] | **□ Yes □ No** |  |

By signing this form I **[employee name]** am indicating my agreement with these standards and that I am able to comply with these measures in my home workspace.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date for review: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Support documents:**

[A practical guide to video mental health consultation](https://www.mentalhealthonline.org.au/Assets/A%20Practical%20Guide%20to%20Video%20Mental%20Health%20Consultation.pdf)

[Confidentiality and informed consent in counselling and psychotherapy: a systematic review](https://www.pacfa.org.au/wp-content/uploads/2018/03/Confidentiality-and-informed-consent-in-counselling-and-psychotherapy-a-systematic-review.pdf)

[Private practice privacy guide](https://www.aasw.asn.au/document/item/6047)

[WESNET: Best practices when using mobile devices for service delivery](https://techsafety.org.au/resources/technology-safety-agencies/mobileservicedelivery/)