

Data Acknowledgement Form - Wellness Management Team

I, [Wellness Management Team Member's Name], hereby acknowledge that as a member of the Skailit Wellness Management Team, I may have access to personal and/or sensitive information pertaining to the wellness surveys and Zoom call recordings of community members. I understand the delicate nature of this information and the importance of maintaining its discretion.

I solemnly affirm the following:

Discretion Obligation: I acknowledge that all information obtained through the wellness surveys and Zoom call recordings is private information. I will treat this information with the utmost care and respect, and I will not disclose, discuss or share it with any unauthorized individuals or entities. For clarity, authorized parties are expressly noted in writing.

Non-Disclosure Agreement: I agree to keep all information learned from the wellness surveys and Zoom call recordings strictly confidential, both during and after my tenure with Skailit. This obligation extends to any form of communication, including but not limited to conversations, written correspondence, emails, and digital or physical records.

Non-Usage of Information: I understand that the information collected through the wellness surveys and Zoom call recordings is solely intended for the purpose of assessing and managing the wellness of community members. I will not use this information for any other purpose, including personal gain, discrimination, or any action that may be detrimental to the community members or Skailit.

Security Measures: I will take all necessary precautions to ensure the security and protection of the wellness survey data and Zoom call recordings. This includes safeguarding any physical or digital copies, using secure storage systems, and utilizing appropriate access controls to prevent unauthorized access.

Consequences of Breach: I acknowledge that any unauthorized disclosure, misuse, or breach of confidentiality regarding the wellness survey data and Zoom call recordings must be reported to Skailit Management immediately, and that my negligence in causing such disclosure, misuse or breach may result in severe consequences, including immediate dismissal from my position at Skailit.

By signing this confidentiality form, I affirm that I have read and understood the obligations outlined above, and I agree to abide by them without exception. I further acknowledge that the confidentiality of community members' information is of utmost importance and that any violation of this agreement will be taken seriously.

Signature: _____

Printed Name: _____

Date: _____

TEMPLATE