



Confidentiality Agreement

Name: _____
(Please Print)

Affiliation with the Health Centre STUDENT (for example:
Employee, Clinician, Physician, Board Member, Volunteer, Student, Alternative Therapy Clinician, Researcher, Consultant,
Vendor, Contractor)

1. During my association with the Health Centre, I may have access to information and material (electronic and manual records) relating to patients, medical staff, employees, or other individuals which is of a private and confidential nature. At all times, I shall respect the privacy of the information I may have access to as well as the privacy of the patients, employees, and all associated individuals whom I may encounter while associated with the Health Centre.
2. I shall treat all the Health Centre administrative, financial, patient, employee and other records as confidential information, and I will protect them to ensure full confidentiality. I shall not read records or discuss, divulge, or disclose such information about the Health Centre, unless there is a legitimate purpose related to my association with the Health Centre. This includes patient information from other facilities I may have access to as part of my regular duties. This obligation does not apply to information in the public domain.
3. I shall ensure that confidential information is not inappropriately accessed, used, or released either directly by me, or by virtue of my signature or security access to premises or systems.
4. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact the appropriate department (i.e. I.S./Security etc.)
5. Violations of this policy include, but are not limited to:
 - accessing information that I do not require for job purposes;
 - misusing, disclosing without proper authorization, or altering patient or personnel information;
 - disclosing to another person my user name and/or password for accessing electronic records;
 - disclosing computer access codes (for example, door codes) that need to be kept confidential and secure;
 - failure to protect physical access devices (for example, keys and badges) and the confidentiality of any information being accessed.
6. I understand that the Health Centre will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
7. I understand and agree to abide by the conditions outlined in this agreement as well as those outlined in the Corporate Privacy Policy, and they will remain in force even if I cease to have an association with the Health Centre.
8. I also understand that should any of these conditions be breached, I will be subject to corrective action up to and including termination of employment, loss of privileges, or termination of a contract or may be fined up to \$50,000 as per the current Privacy legislation.

I have read and understand the information contained in the Corporate Privacy Policy

Name (Please Print)

Signature

Date

Name of Witness (Please Print)

Signature

Date

