

CONFIDENTIALITY AGREEMENT

I agree that I will:

- Respect the privacy and dignity of patients, employees and all associated individuals
- Faithfully discharge my duties as a member of Guelph General Hospital to observe and comply with all policies and procedures of Guelph General Hospital with respect to privacy, confidentiality, and security.
- Maintain in confidence all patient and staff information I have read, seen or heard during my affiliation with Guelph General Hospital and I will maintain confidentiality after my affiliation with the Hospital
- Only access, use and disclose personal information of patients and/or staff on a *need to know* basis to fulfill my job duties.
- Not collect, use or disclose personal health information if other information will serve the purpose
- Only access, use and disclose personal information of patients for research purposes as per Guelph General Hospital Research Ethics Board (REB) approval or submitted written patient consent.
- Keep patient and staff records completely confidential at all times and protect them from unauthorized examination or casual observation. If working directly with such records, keep them in a secure place when not in use.
- Not remove any hospital records containing personal information from the Hospital's premises, except to safeguard during fire, bomb threat or other disaster, or except with the express permission of Administration Department.
- Maintain all access and password information relevant to the information systems completely confidential and in adherence to the *Acceptable Use of Information and Communication Technologies* policy and *Information Systems Security* policy.
- Securely return all hospital property, including keys and records of personal health information, if any, at the conclusion of my employment, contractual or other relationship with the hospital
- Notify the Hospital at the first reasonable opportunity in accordance with the Hospital's 2-021 and 2-020 Privacy of Personal Information policy and procedure, if I believe that there may have been a breach of this Confidentiality Agreement or breach of privacy policies, procedures and practices implemented by the Hospital, or a breach of the Personal Health Information Protection Act.

I understand that the Hospital's computer, electronic communications and voice mail systems are Hospital property and are to be used for Hospital business. I understand the Hospital reserves the right to access, monitor, review, and disclose information obtained through the Hospital's systems at any time, with or without advance notice to me and with or without my consent. I understand access to the hospital computer systems is regularly audited.

A breach of this agreement may be just cause for disciplinary action, up to and including termination of employment, termination of contract or loss of privileges with Guelph General Hospital. Disciplinary sanctions may be reported to the applicable professional college or association as appropriate. Substantial fines may be applied to the hospital and the individual.

I am aware that Guelph General Hospital has policies and procedures regarding the privacy, confidentiality, and security of personal information. I understand it is my responsibility to be familiar with the requirements outlined in these policies and procedures. I understand I can refer to my supervisor, Director or Chief Privacy Officer for the details of these policies and procedures.

Name: _____

Signature: _____ Date: _____