

Peterborough Regional Health Centre Confidentiality Agreement

I, _____, understand that Peterborough Regional Health Centre (PRHC) is committed to protecting the confidentiality and security of all confidential information (CI) in its custody and control, which includes the personal health information of patients, personal information and confidential corporate information.

- I agree and understand that my failure to comply with the below terms, or my participation in a breach of privacy or security, may result in:
 - disciplinary action, up to and including the termination of my employment, privileges or affiliation with PRHC;
 - a reporting obligation to a College or professional association;
 - a reporting obligation to the Information and Privacy Commissioner of Ontario;
 - legal action being taken against me.
- I fully understand the confidential and sensitive nature of information that may be provided to me in the course of my employment, privileges or affiliation with PRHC;
- I acknowledge that PRHC issues policies on privacy, confidentiality and security and agree to comply with such policies, as updated and/or amended from time to time. I understand that all policies can be accessed through PRHC's intranet site or by contacting the Privacy Office;
- I will comply with the Personal Health Information Protection Act and its regulations, the Freedom of Information and Protection of Privacy Act and its regulations, and any other applicable legislation;
- I will not access, use or disclose any CI unless it is necessary for me to do so in order to perform my work or volunteer responsibilities, or as otherwise permitted by PRHC;
- I understand that CI provided to me or which may come to my knowledge may not be disclosed within or outside PRHC, except to other persons who are authorized to receive such information;
- I will not disclose or discuss CI via social media (e.g. Twitter, Facebook) and will comply with any PRHC policy on social media use;
- I acknowledge and agree that records of CI in any form are the property of PRHC, and I will not alter, destroy, copy or remove records of CI from PRHC's premises, except as authorized and in accordance with PRHC policies and procedures;
- I will exercise all reasonable care and caution in protecting CI from theft, loss or inappropriate use or disclosure;

- I understand that initial and ongoing privacy and security training and education is important and agree to participate in all mandatory privacy training and education;
- I will keep any workplace computer access codes (e.g. passwords) confidential and secure, and will protect physical access devices (e.g. keys and badges). I will not lend my access codes or devices to anyone, allow others to use my access codes or devices, attempt to use the access codes or devices of others, nor will I leave systems left unattended or logged in under my access codes when not in use by me;
- I understand that I am accountable for all activity which occurs using my access codes and/or devices. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact my manager and the IT Service Desk and/or the Security Department, as appropriate;
- I agree to comply with any PRHC policy on the use of mobile devices (e.g. USB key, smart phones, laptops) and secure use of email;
- I agree to immediately notify the PRHC Privacy Office if I have any reason to suspect or believe that any CI has been lost, stolen, or inappropriately used or disclosed;
- I understand and agree that, as a safeguard to confidentiality, PRHC may audit my access to CI on PRHC electronic systems and that my personal information may be used in conducting such audits;
- I agree not to use, disclose, reproduce, retain or commercialize any CI for my own purposes or to any person, except with written approval of PRHC and as authorized by law;
- I understand and agree to securely return all property of PRHC including keys, badges and records of CI, if any, at the conclusion of my employment, privileges, or affiliation with PRHC;
- I acknowledge and agree that my confidentiality obligations survive in perpetuity following the conclusion of my employment, privileges or affiliation with PRHC; and
- I understand that PRHC's Privacy Office is available to me should I have any questions regarding this agreement, PRHC policies, or CI, including but not limited to, its collection, use, disclosure, storage or destruction.

Name (Please Print)

Signature

Date

Name of Witness (Please Print)

Signature

Date