

## Privacy and Confidentiality Agreement

I acknowledge and understand that:

- St. Michael's Hospital (the "**Hospital**") has in place policies and procedures respecting privacy, confidentiality and security (the "**Policies and Procedures**"),
- the Policies and Procedures are available to me upon request where I have any questions relating to my obligations hereunder,
- all personal health information [i.e., *information identifying an individual and relating to the provision of health care to that individual*] and/or confidential information [i.e., *information relating to the business of the Hospital*] that I have access to or learn through my employment, relationship or affiliation with The Hospital is to be treated as strictly private and confidential.
- as a condition of my employment, relationship or affiliation with The Hospital, I must comply with the Hospital's Policies and Procedures, and
- if I fail to comply with these obligations, the Hospital may terminate my employment, relationship or affiliation with the Hospital and that I may be subject to legal action taken against me by the Hospital and others, and/or to report to the appropriate college or regulatory body

I agree that I will access, use or disclose any personal health information and/or confidential information that I learn of or possess because of my employment, relationship or affiliation with The Hospital, only if it is necessary for me to do so in order to perform my duties as assigned by the Hospital. I also understand that under no circumstances may personal health information and/or confidential information be communicated either within or outside of The Hospital except to such other persons as are authorized by The Hospital to receive such information.

I agree that I will not alter, destroy, copy or interfere with this information, except with authorization and in accordance with the policies and procedures.

I agree to keep any computer access codes assigned to me (for example, passwords) confidential and secure. I also agree to safeguard physical access devices (for example, keys, badges) and the privacy and confidentiality of any information being accessed.

I agree that I will not lend my access codes or devices to anyone and will not attempt to use those of others.

I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. I am aware that work done using such codes may be audited. If I have reason to believe that my access codes or devices have been compromised or stolen, I agree to immediately contact the Hospital's Help Desk (ext. 5751).

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Name (Please Print)

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Signature

Date