



All residents/patients/clients under the care of St Joseph's Health Care London and all staff and affiliates have a fundamental right to have their health/medical/personal information treated in confidence.

This statement confirms that I have read and understand the Confidentiality Policy for St Joseph's Health Care London.

I commit to hold in confidence all information about patients, residents, clients, and their families, staff and affiliates, as well as the confidential business information of the organization, which comes to my attention while carrying out my duties as agreed within the organization.

I commit to continue to respect and maintain the confidentiality of patients, residents, clients and their families, and staff and affiliates of the organization, as well as the confidential business information of the organization even after my employment/affiliation with the organization ends.

I understand that I may consult my Leader, Professional Practice Leader, Human Resources, Risk Management, or the Privacy Office for details regarding this and related policies.

I understand that misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for disciplinary action up to and including termination of employment/contract or loss of appointment or affiliation with St. Joseph's Health Care London.

I have completed the:
Professional
Regulated Health Professional
Clinical Support
Non-Clinical Support
module of the Privacy and Confidentiality education program
I presently work at:
St. Joseph's Hospital
Mount Hope Centre for Long Term Care
Parkwood Hospital
Regional Mental Health Care London
South West Centre for Forensic Mental Health Care
St. Joseph's Family Medical and Dental Care
Printed Full Name
Signature
Date (YYYY/MM/DD)

Please send your signed agreement to the Privacy Office at St. Joseph's Hospital, Room B2-231 or by email at Privacy@sjhc.london.on.ca