

PRIVACY AND CONFIDENTIALITY AGREEMENT

St. Joseph's Health Care London



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

This Agreement confirms that:

1. I have read and understand both the Confidentiality and Privacy Policies for St Joseph's Health Care London.
2. 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.
3. 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.
4. I will only collect, use and disclose personal health information, personal information or confidential business information required for the performance of my role.
5. I will not collect, use or disclose personal health information, personal information or confidential business information if I don't need it to provide care.
6. I am aware the hospital conducts random audits on electronic systems.
7. I will ensure that I comply with the Acceptable Use of Information Technology Resources Policy by ensuring that the devices I use have administrative, technical and physical safeguards in place.
8. I will comply with the Canadian and provincial privacy legislations and regulations.
9. I will immediately report any privacy breaches to the Privacy and Risk office as per the corporate Privacy Policy.
10. I understand that I must maintain all professional obligations, including adherence to the standards of practice, where there are any affiliates with regulatory colleges and professional associations.
11. I understand that misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals include failure to adhere to standards of practice where there are professional obligations under regulatory colleges, 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.
12. 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 have completed the following *Privacy and Confidentiality Education Program* (check one):

- ☐ Clinicians/Professionals (physician/midwife/dentist)
- ☐ Clinical Support Staff (regulated health professionals)
- ☐ Non-Clinical Staff and Affiliates

I presently work at the following site(s):

- ☐ St. Joseph's Hospital
- ☐ Mount Hope Centre for Long Term Care
- ☐ Parkwood Institute – Main Building
- ☐ Parkwood Institute – Mental Health Care Building
- ☐ Southwest Centre for Forensic Mental Health Care
- ☐ St. Joseph's Family Medical and Dental Centre

Signature: _____

Printed Full Name: _____

Date (YYYY/MM/DD) _____

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