

POLICY

The Northern Health policy on protection of confidentiality and privacy applies to all employees (direct or contracted), students, consultants and volunteers. Breaches of confidentiality include accessing personal or organizational information without authorization to do so and without a need-to-know. Failure to hold the personal information of clients and residents or organizational information confidential and private may lead to disciplinary action, which may include termination of employment or privileges/affiliation to the situation.

ACKNOWLEDGEMENT AND UNDERSTANDING

I understand that during my employment or association with Northern Health that I may have access to personal information about clients and residents, their families, or information for the carrying on the the business of Northern Health. At all times, I will respect the privacy of clients and residents, their families, and other employees. I will treat all clinical, administrative and financial information about clients and residents, their families, employees, or organizational information as confidential information.

I will only access, use disclose and/or transmit private and confidential information as required by the duties of my assignment with Northern Health. I will ensure that private and confidential information is not inappropriately accessed, used or disclosed either directly by me or by virtue of my password systems. I understand that violations to privacy and confidentiality may include but are not limited to:

- Accessing personal or organizational information that I do not require for work purposes
- Misusing or disclosing personal or organizational information without proper information
- Altering personal information of residents, clients or other employees or altering organizational information
- Disclosing to another person my user name and password to enable unauthorized access to personal or organizational information.

I understand that disclosures of any kind to the media are limited to those by designated spokespersons as outlined in the Northern Health Media Policies.

I understand and agree to abide by the conditions outlined in this agreement, which will remain in force even if I cease to have an association with Northern Health. I understand that if any of these conditions are breached, I may be subject to disciplinary action that may include termination of employment or privileges/affiliation to the situation.

- a) By signing below, I am acknowledging that I have read and understand the above statements on confidentiality and privacy.

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|-----------------------------|---|
| NAME (Print) | STATUS: <input type="checkbox"/> Employee |
| SIGNATURE | <input type="checkbox"/> Student |
| DATE | <input type="checkbox"/> Volunteer |
| WITNESS SIGNATURE | <input type="checkbox"/> Other (specify) _____ |
| WITNESS NAME (Print) | |
| POSITION OF WITNESS | |

c.c Personal or Agreement File