



## Annual Confidentiality Agreement for 2023

I agree to keep confidential any information obtained during the performance of my duties at North Lambton Community Health Centre. I understand that confidential information includes, but is not limited to, information relating to:

- Personal health information of clients - such as but not limited to health records in any format, (including paper or electronic), conversations, registration information, financial history, the fact that someone is, has been, or may become a client of North Lambton CHC, the name of a substitute decision maker, etc.
- North Lambton CHC's employees, students, volunteers, researchers, contractors, or vendors – such as but not limited to employee records, disciplinary action, performance reviews, quality reports, etc.
- North Lambton CHC's business information – such as but not limited to contracts, financial information, memos, peer review information, etc.

I agree that I have read and agree to follow the following North Lambton CHC privacy policies.

If I need help understanding these privacy policies, I will ask my Team Lead, preceptor, North Lambton CHC site contact, or the North Lambton CHC's Privacy Officer.

I also understand and agree that:

- I am only allowed to collect, use, and disclose (including receive, look at, access, ask for, view, copy, record, print, read, listen, share with others) confidential information on a need-to-know basis only, and even then, only the minimum amount required for my role or as I have been authorized to do in writing or as requested by law.
- I will not communicate confidential information either within or outside North Lambton CHC except to person authorized to receive such information and only for the purposes of performing my duties.
- I will not collect, use, or disclose the confidential information of family, friends, co-workers, or any other individual unless they are under my direct care or I am authorized as part of my official duties at North Lambton CHC and not for my own purposes.
- I will only access my own personal health information in the custody or control of North Lambton CHC through the method approved for the public in North Lambton CHC's Privacy Policy 02 Personal Health Information of Clients and Participants, Section 2.10. Access, 2.10.1 Requests for Access to Information.
- I am not allowed to engage in self-study, (such as but not limited to learning how to document or learning about our clients and services we offer them or learning how others provide services), with personal health information in the custody or control of North Lambton CHC without written permission from my Team Lead or the Privacy Officer.

- I will not share my passwords to electronic information systems with anyone. I understand I am responsible for protecting those passwords and access to North Lambton CHC's systems and records and that I am responsible for all actions performed when the electronic information system has been opened using my password.
- I understand that communication via email and text with clients or participants is not a confidential or secure form of communication and that if I need to communicate with a client or participant in this manner, I will obtain their informed consent prior to (North Lambton CHC Privacy Form 7.0 Email Communication Consent).
- I will access, process, and transmit confidential information using only authorized hardware, software, or other authorized equipment. I understand that I may not save confidential information on an unencrypted USB key or other unencrypted portable device.
- I shall not remove confidential information from North Lambton CHC premises (including taking it home to work on) except as authorized. If authorized, I shall securely store the information and ensure it is in my custody and control at all times.
- I will not alter, destroy, copy, or interfere with confidential information except with authorization and in accordance with North Lambton CHC policies and procedures.
- I shall immediately report all incidents involving loss, theft, or unauthorized use or disclosure of confidential information to my immediate Team Lead, preceptor, or North Lambton CHC site contact and to North Lambton CHC's Privacy Officer.

I understand that North Lambton CHC conducts regular audits to ensure confidential information is protected against unauthorized access, use, disclosure, copying, modification, or disposal.

I understand any breach of my duty to maintain confidentiality may result in corrective action. Such corrective action taken may include but is not limited to: retraining; loss of access to systems; suspension; reporting my conduct to the Information and Privacy Commissioner of Ontario or a professional regulatory body or sponsoring agency, school, or institution; restriction or revocation of privileges, and/or immediate dismissal. I understand there could also be notification of affected persons. I understand a privacy breach could also result in me being fined, prosecuted, or sued.

I understand and agree to abide by the conditions outlined in this pledge (even if some of them do not apply to my role), and they will remain in force even if I cease to be employed by or associated with North Lambton CHC.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_