

CONFIDENTIALITY AGREEMENT

I understand that within the scope of my work and/or affiliation with Windsor Regional Hospital (WRH), I will have access to confidential information.

Definitions:

“Confidential information” means any oral, written or electronic data or information existing now or in the future relating to the operations and management of WRH which is treated by WRH as confidential and to which access is granted or obtained by the below name individual, and may include personal information and/or personal health information.

“Personal health information” with respect to an individual, whether living or deceased, means information concerning the physical or mental health of an individual; information concerning or collected in relation to any health service provided to the individual or information concerning the donation by any individual of any body part or bodily substance of the person. Personal health information is included in the definition of personal information.

“Personal information” means information about an identifiable individual, but does not include the name, title or business address or telephone number of an employee of the organization.

1. During my work and/or affiliation with Windsor Regional Hospital, I may have access to information relating to patients, medical staff, employees, volunteers and other individuals which is of a private and confidential nature. I will only access confidential information as necessary for the direct performance of my duties and responsibilities.
2. At all times, I shall respect the privacy, confidentiality and dignity of patients, employees, volunteers and all individuals associated with WRH.
3. I shall treat all WRH administrative, financial, patient, and employee records as confidential, and I will protect such information from improper disclosure. I shall not collect, use, alter, copy or disclose any confidential information without appropriate authorization. If I am unsure whether I have the authorization to access, use or disclose confidential information, I agree to seek clarification on this issue from my supervisor (Chief of Staff, Chief Privacy Officer, Volunteer liaison). I acknowledge that this obligation does not apply to information that is in the public domain.
4. I will be responsible for my misuse or wrongful disclosure of WRH confidential information and for my failure to safeguard my access codes or other access authorization. I understand that my failure to comply with this Agreement may result in immediate termination of my access privileges to WRH systems.
5. Violations of this agreement and/or WRH policies and procedures include, but are not limited to the following examples:
 - accessing confidential information that I do not require for the purpose of fulfilling my duties and responsibilities to WRH;
 - misusing, disclosing without proper authorization, or inappropriately altering personal information or personal health information;
 - disclosing to another person my user name and/or password or failing to adequately protect my password.

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6. I shall only access, process, and transmit confidential information using authorized hardware and software, or other authorized equipment, as required by the duties of my role at WRH.
7. I understand that WRH will conduct periodic audits to ensure compliance with this agreement and its privacy policy. I understand that my privileges to access confidential information are subject to periodic review, revision and discontinuance if appropriate.
8. I understand and agree to abide by the conditions outlined in this agreement, and I acknowledge that they will remain in force even after I cease to be affiliated with WRH.
9. I also understand that, should any of these conditions be breached, I may be subject to corrective action including, but not limited to, termination of my employment or affiliation at WRH. I also understand that there is a formal procedure for investigation of complaints and that I will have the opportunity to appeal the findings of an investigation.
10. I am aware that WRH has policies and procedures regarding privacy, confidentiality and security of personal information and I understand that it is my responsibility to be familiar with these policies and procedures and to comply with their provisions.

****PLEASE RETURN BOTH PAGES OF THIS AGREEMENT TO THE WRH STUDENT REGISTRAR****

Current Date: _____
(MM/DD/YYYY)

First and Last Name of Student: _____

Contact Number: _____ Email Address: _____

Name of School: _____

Name of School Instructor/Preceptor: _____
(Nursing Students Only)

Name of WRH Training Supervisor: _____
(Clinical Students, Non-Nursing Only)

Signature: _____
(Please do not print your name, your legal signature is required, first and last name)

WRH Student Registrar / Volunteer Services Staff Member Witness:
(To be signed by a WRH Volunteer Services Staff member only)

(WRH Staff Witness Name - Please Print)

(WRH Staff Witness Signature)