

# Peterborough Regional Health Centre CONFIDENTIALITY AGREEMENT

**Name:** \_\_\_\_\_ (Please Print)

Affiliation with PRHC: Student  
(e.g. employee, physician, medical resident, on-call chaplain, volunteer, researcher, student, consultant, vendor, contractor)

1. During my association with Peterborough Regional Health Centre (PRHC), I will have access to information and material which is of a private and confidential nature relating to patients, medical staff, employees, other individuals, or PRHC.
2. At all times, I shall respect the privacy and dignity of patients, employees, and all associated individuals.
3. I shall treat all PRHC administrative, financial, patient, employee and other records as confidential information, and I will protect them to ensure full confidentiality.
4. I shall not read records or discuss, divulge, or disclose such information about PRHC, unless there is a legitimate purpose related to my association with PRHC. This obligation does not apply to information in the public domain (e.g. health centre communications; newsletters, press releases).
5. I shall ensure that confidential information is not inappropriately accessed, displayed, used, or released either directly by me, or by virtue of my signature or security access to premises or systems by use of my photo identification.
6. Violations of this policy include, but are not limited to:
  - accessing information that I do not require for job purposes
  - misusing, disclosing without proper authorization, or altering patient or personnel information
  - disclosing to another person my user name and/or password for accessing electronic records.
7. I shall only access, process, and transmit confidential information using hardware, software, and other authorized equipment, as required by the duties of my position.
8. I understand that PRHC will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
9. I understand and agree to abide by the conditions outlined in this agreement, and they will remain in force even if I cease to have an association with PRHC.
10. I also understand that should any of these conditions be breached, I may be subject to corrective action up to and including termination of employment, termination of volunteer position, loss of privileges, termination of a contract, charged under the Federal or Provincial Privacy Legislation, or similar action appropriate to my association with PRHC.

Name (Please Print)	Signature	Date
Name of Witness (Please Print)	Signature	Date

\*\* Employee, for the purpose of this Confidentiality Agreement, shall mean a person receiving wages or employed on a contract basis for a period of time.