



CONFIDENTIALITY AGREEMENT

Name (please print)	Department	
<p><i>TOH is committed to protecting the privacy, confidentiality and security of all personal information to which it is entrusted in order to carry out its mission.</i></p> <p>This AGREEMENT must be signed by all employees, students, contractors, physicians, volunteers, and researchers.</p> <p>In my capacity of employment or affiliation with The Ottawa Hospital (TOH), the Ottawa Health Research Institute (OHRI) and the University of Ottawa Heart Institute (UOHI), I understand and agree to the following, with respect to all confidential and/or personal health information that I have access to or learn:</p> <ul style="list-style-type: none">• I acknowledge that I have read and understood the Hospital's Privacy Policy (Admin II - 260);• I will comply with all privacy policies and procedures;• I will not access or use any confidential and/or personal health information that I learn of or possess, unless it is necessary for me to do so in order to perform my job responsibilities;• I will not disclose or discuss confidential and/or personal health information except to other persons who are authorized to receive such information;• I will not alter, destroy, copy or interfere with this information, except with authorization and in accordance with the policies and procedures;• I will keep any computer access codes (for example, passwords) confidential and secure, and protect physical access devices (for example, keys and badges). I will not lend my access codes or devices to anyone, nor will I attempt to use those of others; and• I understand alleged breaches will be investigated. <p>I agree and understand that my failure to comply with the above, or my participation in a breach of privacy, may result in disciplinary action, including the termination of my employment or affiliation with TOH/OHRI/UOHI, or loss of medical, dental and midwifery staff privileges, as the case may be, and may also result in legal action being taken against me. By signing this agreement, I acknowledge that this agreement continues in effect following my employment or affiliation with TOH/OHRI/UOHI.</p>		
Employee	Signature	Date