



Confidentiality & Privacy Agreement Staff, Volunteers, Students, Physicians

I, (print full name) _____ do solemnly declare to hold in confidence all matters that come to my attention while working at the Brant Community Healthcare System (BCHS). I will observe and comply with the BCCHS policies and procedures, laws, rules and regulations and will avoid any activities that could involve or lead to involvement in any unlawful practices. I am committed to dealing fairly and ethically with all whom I associate with and I conduct myself in accordance with the BCCHS values. Except when I am legally authorized or required to do so, I will not inspect or receive paper or electronic personal health information from notes, charts, and other material related to patient care. I will not disclose or give to any person any personal health-related information or document that comes to my knowledge or possession by reason of my being an employee, Volunteer, Student or physician of / having access to personal health information at the BCCHS.

I have reviewed the following policies:

- Privacy of Personal Health Information –IV-183
- Confidentiality and Privacy – V-150
- Security and Confidentiality – IX-30
- Internet and Email Usage – IX-40
- Facsimile Transmission of Patient Information – IV-165
- Corporate Ethics – IV-67

I understand that it is my responsibility to be familiar with the requirements outlined in these policies and procedures. I understand that I can refer to my Manager or to the Chief Privacy Officer for the details of the policies.

I understand that a breach of this agreement may result in disciplinary action, up to and including termination of my employment or affiliation with the Brant Community Healthcare System.

Signature of staff: _____

Witness signature: _____

Co-signature: _____

(Physician / Agency Manager co-signature required for non-hospital employees)

Your signature indicates that you understand and accept responsibility for the confidentiality and security of personal health information accessed by your employee.

Date: _____