

PLEDGE OF CONFIDENTIALITY

I understand that all hospital and patient information to which I may have access must be treated as privileged and confidential information at all times. I acknowledge that I have been provided with a copy of the Hospital's policy entitled "Confidentiality of Personal Information" and that I have read and fully understood its contents. In addition, I understand that:

- all confidential and/or personal health information that I have access to or learn through my employment or affiliation with Perth & Smiths Falls District Hospital is confidential,
- as a condition of my employment or affiliation with the Perth & Smiths Falls District Hospital, I must comply with these policies and procedures, and
- my failure to comply may result in disciplinary action, up to and including the termination of my employment or affiliation with the Perth & Smiths Falls District Hospital, and may also result in legal action being taken against me by the Perth & Smiths Falls District Hospital.
- the Perth & Smiths Falls District Hospital also reserves the right to report non compliance to a physician's or employee's medical college or professional association where deemed appropriate by the Chief Privacy Officer, Department Manager and/or Chief of Staff.

I agree that I will not access, use or disclose any confidential and/or personal health information that I learn of or possess because of my affiliation with the Perth & Smiths Falls District Hospital, unless it is necessary for me to do so in order to perform my job responsibilities. I also understand that under no circumstances may confidential and/or personal health information be communicated either within or outside of the Perth & Smiths Falls District Hospital except to other persons who are authorized by the Perth & Smiths Falls District Hospital to receive such information.

I have reviewed the Social Media policy and understand that any violation of privacy and confidentiality through a social media application will result in disciplinary action and possible termination.

I agree that I will not alter, destroy, copy or interfere with this information, except with authorization and in accordance with the policies and procedures.

I agree to keep any computer access codes (for example, passwords) confidential and secure. I will protect physical access devices (for example, keys and badges) and the confidentiality of any information being accessed.

I will not lend my access codes or devices to anyone, nor will I attempt to use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately notify the Human Resources department or the Privacy Officer.

Name: (please print): _____

Signature: _____

Witnessed: (please print): _____

Signature: _____

Date: _____