



**West Parry Sound Health Centre
Employee/Volunteer Confidentiality Agreement**

Name of Employee/Volunteer: _____

I acknowledge that during my employment/volunteer work with the West Parry Sound Health Centre I will have access to personal information about clients, patients and residents, their families, and other employees/volunteers which is of a private and confidential nature.

I acknowledge that it is a term and condition of my employment/work for the West Parry Sound Health Centre that I at all times respect the privacy of clients, patients and residents, their families, and other employees/volunteers and treat all clinical, administrative and financial information about clients, residents, their families, and other employees/volunteers as Confidential Information.

I will ensure that Confidential Information is not inappropriately accessed, used or disclosed either directly by me or by virtue of my password to systems.

I understand that violations to privacy and confidentiality may include but are not limited to:

- accessing personal information that I do not require for work or volunteering purposes
- using or disclosing personal information (verbally, through the computer system or in hard copy) without proper authorization
- altering personal information of residents and clients or other employees
- disclosing to another person my user name and password.

I will only access, use and transfer or disclose private and confidential information using West Parry Sound Health Centre authorized hardware, software or other equipment, as required by the duties of my position.

I understand and agree to abide by the conditions outlined in this agreement which will remain in force even if I cease to have an association with the West Parry Sound Health Centre.

I understand that if any of these conditions are breached, I may be subject to disciplinary action that may include termination of my employment/association with the West Parry Sound Health Centre as well as civil liability under the laws of Ontario.

Name (please print): _____

Signature: _____

Date: _____