

PRIVACY AND CONFIDENTIALITY ACKNOWLEDGEMENT

In this Acknowledgement,

“Personal Information” means information about identifiable patients (including their personal health information), and members of the credentialed staff, employees, donors, visitors and other individuals, obtained in the performance of my job duties at NH - Niagara Health (the “Hospital”). Information such as an individual’s name when it appears together with an individual’s job title, business address or office telephone/fax number (information on a business card) is **not** considered ‘personal’ information, and

“Confidential Information” means information about individuals in the Hospital **which is not a matter of public record.**

I, _____, have read, acknowledge and understand that:

1. the Hospital has custody of and control over personal and personal health information that it is obligated to protect for commercial, legal compliance, professional and ethical duty;
2. the Hospital has a relationship of trust with our patients, and in our community it is expected that we will respect, protect, secure and keep their Personal and Personal Health Information confidential;
3. the Hospital has developed policies, procedures and a Code of Conduct outlining acceptable behaviour in the workplace and respect for privacy, confidentiality and security of personal and/or personal health information, which is my responsibility to comply. I understand I can confer with my Supervisor, Manager, or the Hospital’s Privacy Officer to answer questions about our Code of Conduct and applicable policies and procedures;
4. any USER ID issued to me and any PASSWORD(S) created by me, are unique and identify me; and
5. my USER ID and PASSWORD are the equivalent of my *electronic signature*, and all entries/access to electronic database records with my USER ID and PASSWORD will be attributed to me, and I will be held responsible for such entries **regardless of whether I made them or not**;

I have read, understand and agree that I will:

1. treat all personal and personal health information, respectively, in a manner that respects the privacy and dignity of our patients, in alignment with the Hospital’s Code of Conduct, my professional College Standards of Practice, and Ontario Privacy Law which applies to all credentialed personnel, employees, students, volunteers, vendors and agents of the Hospital; and
2. as an individual providing services (whether as an employee, volunteer, student, vendor or agent) of the Hospital, I agree to hold all personal and personal health information, that I obtain in the performance of my job duties, **in the strictest confidence**, regardless of this information’s format, and agree to only access or disclose personal and/or personal health information (PHI), **if**:
 - a. the purpose of the access/disclosure is made to provide healthcare and treatment to an individual, or to assist in the provision of healthcare to an individual, and any disclosure of patient PHI to another health information custodian (HIC), as that term is defined in the Personal Health Information Protection Act, 2004, (Ontario);
 - b. the Hospital is obligated by law, or applicable court document, to make the disclosure; or
 - c. the individual has been provided with an opportunity to object to disclosure of their personal information, and has not done so, it **may** be disclosed that the individual is an in-patient, their health status in **general** terms (such as: critical; poor; fair; stable, or satisfactory, or use similar terms), and his/her location in the Hospital;
3. safeguard, and **not** disclose, or share, my USER ID, PASSWORD, security clearance badges, access card, keys or other codes or devices, issued, assigned, or created for me by the Hospital;
4. access/disclose **only** personal and/or personal health information required to perform my job duties at the Hospital;

5. immediately change my PASSWORD and report promptly to my Supervisor, Manager and the Hospital's Privacy Officer if my PASSWORD has been compromised, or I believe it has been compromised; and
6. immediately report any violations of Hospital policies and procedures, including a suspected privacy breach, relating to personal and/or personal health information which I become aware of, to my Supervisor or Manager, and to the Hospital's Privacy Officer with immediate completion of an incident report, using the online IRS- Incident Reporting System, (I have the option to file as "Whistleblower").

I have read, acknowledge and understand that:

- a. the Hospital audits all user access to its electronic health records, both internal and external electronic databases, containing personal and personal health information; and
- b. the Hospital is required by law (PHIPA s12(2)) to report breaches of privacy to affected individuals (including my name and job title, if I commit a privacy breach).
- c. I have read, understand and accept that, if I fail to abide by the Hospital's policies, procedures, Code of Conduct, and my professional, ethical, legal obligations to respect individuals' privacy, I may be subject to:

In the case of a Hospital employee:

Discipline, up to and including termination, in compliance with Hospital Human Resources policy and procedures, and as set out in applicable union collective agreements; may also include, mandatory reporting to the Information and Privacy Commissioner/Ontario (IPC/O); College disciplinary action; fines, and/or a civil lawsuit.

In the case of a Student: (*unpaid work placement*, per Department of Labour)

Termination of my student placement and I will be reported to my college or university. I agree to read and conform with Niagara Health policies, procedures and Code of Conduct, during my placement at NH. I give permission for my photo and completed PHI protocol documentation to be shared with NH to meet student placement and security requirements.

In the case of a member of the Hospital's credentialed staff:

Procedures set out in the Hospital Professional Staff By-Laws will apply.

In the case of an individual who is in a contractual relationship with the Hospital:

It is acknowledged that:

- a) the Hospital (NH) is a health information custodian ("**HIC**") as defined under the *Personal Health Information Protection Act* (Ontario) ("**PHIPA**");
- b) Our Agent/Vendor, for the purposes of this Acknowledgment, is a "Provider" within the meaning of section 10(4) of PHIPA to the extent that it is providing goods or services for the purpose of enabling the Hospital to use electronic means to collect, use, modify, disclose, retain or dispose of PHI and is subject to the requirements of PHIPA and Ontario Regulation 329/04 ("**the Regulation**") made under PHIPA; and
- c) in the course of providing goods or services to the Hospital, the Provider may be given access to PHI relating to its clients/patients.

In fulfilling its obligations in servicing NH equipment, the Vendor agrees to comply with the provisions of PHIPA and the Regulation, as applicable, and agrees to abide by the Vendor (**PHI**) Personal Health Information obligations set out in the above. All patient data and information residing within the computer provided by the NH/hospitals are considered the property of the NH/'hospital'. Vendors agree not to export or transfer data without express written permission by the NH/'hospital'. **Privacy violation(s) will result in termination of contract, legal action, and/or any similar action as determined by the Hospital.**

I have read this *Privacy and Confidentiality Acknowledgement Form* and:

I require further information from the Employer. I have provided my privacy query(s) in writing below, to the Niagara Health Privacy/FOI Office, who will provide me with a written response within 30 business days.

Please provide your **Privacy-related question(s)** in the box provided, below:

Answer given to requester by Privacy/FOI Office by: _____
Name of Respondent Date of P.O. Response (dd/mm/yyyy)

Name (**please print**) Signature Date: ___/___/____

Department (or Company) NH Site Job Title (or Role in Company) Physician (Sponsor for Office Staff)

Name of Student Program Name of Student School