



PRIVACY AND CONFIDENTIALITY ACKNOWLEDGEMENT

In this Acknowledgement,

“Personal Information” means information about identifiable patients (including their personal health information), members of the credentialed staff, employees, donors, visitors and other individuals obtained as a result of my role at the Niagara Health System (the “Hospital”), except an individual’s job title, business address and office telephone number and name where it appears in conjunction with an individual’s job title, business address or office telephone number; and

“Confidential Information” means information about the patients in the Hospital that is not a matter of public record.

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

1. the Hospital has custody of and control over Personal Information and Confidential Information that it must protect for commercial, ethical and legal reasons;
2. the Hospital has a relationship of trust with its patients and the community in regard to the protection of Personal Information;
3. the Hospital has policies and procedures regarding privacy and the confidentiality and security of Personal Information and Confidential Information, that it is my responsibility to be familiar with and that I can refer to my supervisor, manager or the Hospital’s privacy officer if I have questions about these 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 signature, all entries made with my USER ID and PASSWORD will be attributed to me and I will be responsible for such entries regardless of whether I made them or not;

AND I have read, acknowledge and understand that I will:

1. treat Personal Information and Confidential Information, respectively, in a manner that respects the privacy and dignity of patients, credentialed staff members, employees and other individuals and the best interests of the Niagara Health System; and
2. as an individual providing services (whether as an employee, volunteer, student, contractor or affiliate) to the Hospital, hold all Confidential Information and Personal Information that I obtain in the course of or as a result of my role at the Hospital, **in the strictest confidence**, regardless of the format in which the information is obtained, and only disclose Personal Information if:
 - a. the purpose of the disclosure is to provide healthcare to an individual or to assist in providing healthcare to the individual and the disclosure is made to another health information custodian, as that term is defined in the Personal Health Information Protection Act, 2004, (Ontario);
 - b. the Hospital is obligated by law to make the disclosure; or
 - c. the individual has been provided with an opportunity to object and has not done so, the disclosure is of the fact that an individual is an in-patient, is regarding the individual’s general health status (described as critical, poor, fair, stable, or satisfactory or in similar terms) or his or her location in the Hospital;
3. safeguard and not disclose or share my USER ID, PASSWORD, clearance badges, access card, keys or other codes or devices assigned or provided to or created by me;
4. access only Personal Information and Confidential Information which I require for the performance of my 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; and

- 6. immediately report any violations of Hospital policies and procedures relating to Personal Information and Confidential Information of which I become aware to my supervisor or manager, and to the Hospital's privacy officer (and understand that I will not be penalized for doing so).

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I have read, acknowledge and understand that:

- a. the Hospital audits access to its electronic records of Personal Information and Confidential Information; and
- b. the Hospital may be required by law to report breaches of privacy to the affected individuals (including my identity if I perpetrate a breach).
- c. I have read, acknowledge and understand that, if I fail to abide by the Hospital's policies and procedures, I may be subject to:

In the case of a Hospital employee:

Disciplinary procedures in compliance with the procedures set out in any applicable collective agreement.

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

The procedures set out in the Hospital Professional Staff By-Laws.

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

Termination of contract, legal action or any similar action as determined by the Hospital.

I have read this Privacy and Confidentiality Acknowledgement form and:

require further information from the Employer. I have provided my question(s) in writing below, to the NHS Privacy Officer, who will provide me with written responses within 30 business days of my questions being submitted. **Please submit your Privacy question(s) in the box below:**

I request a certificate for completion of the online privacy education session. Please send me one by email after the quiz results have been tallied.

Name (print)

Signature

____/____/____
Date (dd/ mm/ yy)

Department (if applicable)

Position (if applicable)