

<b>Manual</b>	Administrative Manual	<b>POLICY</b>
<b>Section</b>	Human Resources	
<b>Author</b>	MANAGER, EMPLOYEE AND LABOUR RELATIONS	
<b>Approved by</b>	SENIOR DIRECTOR HR	
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## CONFIDENTIALITY AGREEMENTS - POLICY

### Policy Statement

This policy provides direction about confidentiality agreements by staff, physicians, volunteers, students and other agents of Humber River Hospital. Staff, physicians, volunteers, students and other agents of Humber River Hospital make a commitment to protect confidential information at the time of hire or contact with the Hospital and on an annual basis as applicable.

### Policy

1. It is the policy of Humber River Hospital (HRH) to protect confidential information. Confidential information is any information in oral or written form about Humber River Hospital, any patient/family, staff, physician or volunteer, or any other agent of the Hospital.
2. As a condition of employment or granting of hospital privileges, staff, physicians, volunteers, students and other agents of Humber River Hospital will sign a Confidentiality Agreement prior to receiving access to confidential information for the purpose of providing healthcare to patients, and/or in the performance of their work duties.
3. Vendors, consultants and contractors are expected to protect confidential information in the same manner as staff, physicians, volunteers, students and other agents. Contracts and purchase orders with HRH will contain privacy and confidentiality clauses that reflect these expectations.
4. Anyone who requires access to the Hospital Information System and/or other hospital applications will sign a Hospital Information Systems Access Agreement form prior to being granted access privileges.
5. Staff, physicians, volunteers, students and other agents who have become a patient at HRH cannot view their personal health information in Meditech. Anyone who wishes to access their own personal health information must make a written request to the Health Information Services, Release of Information department.

**Confidentiality Agreements - Policy**

6. Individuals will be able to access their personal health information through the Patient Portal, a read-only system. Access is gained by entering a user name and password and accepting the terms and conditions of using this software.
7. Failure to abide by the Confidentiality Agreement may result in disciplinary action up to and including termination of employment and/or other affiliation, reporting to Professional Colleges or other regulators, revocation of affiliation with HRH and/or legal action.
8. Confirmation that the Confidentiality Agreement has been read and understood will be sought annually from all staff, physicians, volunteers, students and other agents or individuals who have affiliations with HRH.

**Accountability / Responsibility****Staff:**

The Confidentiality Agreement is administered by Human Resources staff and signed by new staff as a condition of employment at Humber River Hospital (HRH).

1. The initial signed Agreement is retained on the staff member's personnel file.
2. The Manager will review department-specific issues related to confidentiality with the staff member.
3. Staff are required to read and acknowledge understanding of the Confidentiality Agreement Policy on an annual basis.

**Medical Staff:**

The Confidentiality Agreement is administered by Medical Affairs staff and is signed by physicians on appointment to the medical staff or medical students as a condition of placement at HRH.

1. The initial signed Confidentiality Agreement is retained on the physician's file in Medical Affairs
2. Agreement to maintain confidentiality is updated annually as part of re-appointment of privileges at HRH.

**Volunteers:**

The Confidentiality Agreement is administered by Volunteer Services staff and is signed by new volunteers as a condition of association with HRH.

1. The initial signed Agreement is retained in the volunteer's personnel file in Volunteer Services.
2. Volunteers are required to sign the Confidentiality Agreement annually. These are retained in the volunteer's personnel file in Volunteer Services.

**Vendors/Contractors/Consultants:**

The Confidentiality Agreement is administered by the Purchasing staff and is signed by new and existing vendors/contractors/consultants as a condition of association with HRH.

1. The initial signed Agreement is retained in the Purchasing Vendor file in Purchasing Services.

***Students:***

The Confidentiality Agreement must be signed by all students as a condition of practicum placement at HRH. This is administered by the Office of Professional Practice excluding physicians which is administered by the Office of Medical Affairs, and medical students and residents, which is administered by the Medical Education office. Where applicable, the Confidentiality Agreement will be signed annually.

***Other Agents of HRH:***

The responsible Director/Manager will ensure completion of the Confidentiality Agreement and review department-specific issues related to confidentiality with the agent. The signed Agreement is retained by the Manager. Where applicable, the Confidentiality Agreement will be signed annually.

**Definitions**

PIDAC: Provincial Infectious Diseases Advisory Committee

Agent: E.g. contracted staff, external contractors

**Documentation**

- Confidentiality Agreement (Appendix A)
- Hospital Information Systems Access Agreement – online form (See [Hospital Information Systems Access Agreement - Procedure](#))

**Infection Prevention and Control Considerations**

All patients will be cared for using Infection Prevention and Control Routine Practices and Additional Precautions as outlined in **Provincial Infectious Diseases Advisory Committee (PIDAC): Routine Practices and Additional Precautions**, Ministry of Health and Long-term Care, as per HRH policy. All staff will perform Hand Hygiene as per HRH guideline.

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**References**

IPC Order HO-013

Personal Health Information Protection Act (PHIPA), 2004

HRH Standards of Behaviour, Confidentiality and Privacy

Qmentum Leadership Standards v.9: 1.3 The organization's leaders develop and implement policies addressing the rights and responsibilities of clients. 11.2 The organization's leaders verify that the organization meets applicable legislation for protecting the privacy and confidentiality of client information.

## APPENDIX A



## PRIVACY, CONFIDENTIALITY & INFORMATION SECURITY AGREEMENT

Affiliation with Humber River Hospital (“HRH”):

- Employee     Volunteer     Student/Resident     Midwife     Medical/Dental Staff  
 Researcher     Consultant     Vendor     Contractor     External Service Provider  
 Other: \_\_\_\_\_

I acknowledge that I have read and understood the HRH policies, procedures and guidelines on privacy, confidentiality and information security. These include, but are not limited to:

- Privacy of Personal Information
- Standards of Behaviour – Confidentiality and Privacy
- Appropriate Use of Internet & Electronic Mail
- Reporting Privacy Breaches
- Confidentiality Agreement Policy

(NOTE: All policies, procedures and guidelines are available electronically in Policy & Procedure Manager (PPM) on iHumber.)

I understand that:

- I have a professional, ethical and legal obligation to protect confidential and/or personal health information and any other kind of restricted information as defined by HRH policies, procedures and/or guidelines;
- Through my employment or affiliation with HRH, I act for, or on behalf of, the hospital and not my own purposes.
- All confidential and/or personal health information to which I have access or learn about through my employment or affiliation with HRH is confidential;
- As a condition of my employment or affiliation with HRH, I must comply with these policies and procedures and;
- Disciplinary action up to and including termination of employment or other affiliation, reporting to Regulated Health Colleges or other regulators, revocation of my affiliation and/or legal action may result if I access, collect, use, disclose or dispose of confidential and/or personal health information and any other kind of restricted information that contravenes legal obligations or HRH policies, procedures and/or guidelines.

As a condition of my access to information, I understand and agree that:

- It is my responsibility to be aware of all Hospital policies, procedures and guidelines related to privacy, confidentiality and information security as they are today and as they may be amended from time to time.

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- I will protect from unauthorized uses and disclosures any confidential and/or personal health information and any other kind of restricted information, except to persons who are authorized by HRH to receive such information or as required by law.
- I will not access, use, disclose or dispose of any confidential and/or personal health information or any other kind of restricted information that I learn of or possess because of my affiliation with HRH, unless it is necessary for me to do so in order to perform my job responsibilities.
- If I become aware of any confidential, personal information or personal health information and any other kind of restricted information that has been lost or shared in an unauthorized way, I will notify my Manager or the Privacy Office immediately.
- I will not alter, destroy, copy or interfere with any and all hospital information, except with authorization and in accordance with the appropriate policies and procedures.
- I understand that personal health information or personal information about family, friends, co-workers and myself is protected and must only be accessed as part of my job.
- My User ID, Password and Operator codes (personal codes) used to access electronic information are the same as my written signature. I accept responsibility for work done under these codes.
  - I will not lend my HRH access codes or devices to anyone, nor will I attempt to use those of others. I will not try to learn or use another person's personal codes.
  - I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes.
  - I understand that my password is what HRH uses to reliably identify who is using the system and how the system is being used.
  - I will protect physical access devices (for example, keys and badges) and the confidentiality of any information being accessed.
  - If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact the Helpdesk and the Privacy Office to establish new codes or obtain a new device.
- I understand that all information and e-mails are owned by HRH.
- HRH's Information Systems department has the ability to access information stored on the Hospital Network System for a wide variety of legitimate reasons. HRH can restore information that I delete from my HRH computers and devices.
- I understand that I have no expectation of privacy on any and all Hospital Network System equipment and devices that HRH's owns and operates.
- HRH will conduct audits to ensure compliance with this agreement and its privacy, confidentiality and information security policies.
- I will abide by the conditions outlined in this agreement and understand that they will remain in force even if I cease to have an association with HRH.

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 Print Name

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 Signature

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 Date