St. Thomas Elgin General Hospital

## Appendix "A"

## CONFIDENTIALITY AGREEMENT
## St. Thomas Elgin General Hospital

All residents/patients/clients under the care of St. Thomas Elgin General Hospital and all staff/hospital affiliates/other affiliates have a fundamental right to have their health/medical/personal information treated in confidence.

This statement confirms that I have read and understand the Confidentiality Policy for St. Thomas Elgin General Hospital.

I commit to hold in confidence all the information about patients, residents, clients, and their families, staff /hospital affiliates/other affiliates of the hospital, as well as the confidential business information of the hospital, which comes to my attention while carrying out my duties as agreed within the hospital.

I commit to continue to respect and maintain the confidentiality of patients, residents, clients and their families, and hospital staff/hospital affiliates/other affiliates, as well as the confidential business information of the hospital even after my employment/affiliation with the hospital ends.

I understand that I may consult my Manager/Leader, Human Resources, Risk Management, or the Privacy Officer for details regarding this and related policies.

I understand that misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for disciplinary action up to and including termination of employment/contract or loss of appointment or affiliation with St. Thomas Elgin General Hospital.

I have completed the:

☐ Professional
☐ Regulated health Professional
☐ Clinical Support
☐ Non-Clinical Support
☐ Not Applicable
module of the Privacy and Confidentiality education program

Please check one:

☐ Employee
☐ Physician
☐ Volunteer
☐ Pastoral/Clergy
☐ Non-Clinical Support

☐ Other (explain, i.e. contract)

**Printed Full Name:** _____

**Area of Service/ Department:** _____

**Signature** _____
**Date (yyyy/mm/dd)**

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