



CONFIDENTIALITY AGREEMENT

This agreement is between you and Alberta Health Services. By authorizing you will be subject to legally binding terms and conditions. Carefully read all of the terms and conditions set out below. Signing this agreement indicates your acceptance of the terms and conditions of this agreement and that you intend to be legally bound by them. If you do not agree with the terms and conditions, you are responsible for advising the Privacy Office.

WHEREAS:

1. Alberta Health Services is bound as a Custodian as defined in the Health Information Act (HIA) and as a Public Body as defined in the Freedom of Information and Protection of Privacy Act (FOIP).
2. The HIA defines an Affiliate of a Custodian as an employee, a health care provider with privileges, a volunteer, or a student of the Custodian; or those who provide services under contract for a Custodian.

I AGREE THAT:

3. I am an Affiliate of Alberta Health Services (as defined in the HIA).
4. All Health Information (as defined in the HIA), all Personal Information (as defined in the FOIP, or any other privacy legislation in effect), that I collect, use, retain and/or disclose in my role as an Affiliate of Alberta Health Services is private and confidential.
5. It is my responsibility as an Affiliate of Alberta Health Services to know and follow relevant information privacy and information security policies in effect in Alberta Health Services.
6. I will take all reasonable steps to act in accordance with applicable Alberta Health Services policies, bylaws, collective agreements, the HIA, the FOIP, and any other privacy legislation in effect and to keep private and confidential and prevent the unauthorized collection, use and/or disclosure of all Health Information and/or Personal Information that I come into contact with in my role as an Affiliate of Alberta Health Services. Such steps include, without limitation, taking reasonable security precautions against such risks as unauthorized access, collection, use, disclosure, alteration or disposal.
7. If I knowingly collect, use and/or disclose Health Information or Personal Information in my role as an Affiliate of Alberta Health Services in contravention of Alberta Health Services policies, bylaws, collective agreements, the HIA, the FOIP, and any other privacy legislation in effect, I may be subject to disciplinary action, termination and/or guilty of an offence under the HIA, the FOIP, and any other privacy legislation in effect
8. I am responsible to keep confidential all Health Information and Personal Information for as long as required by the HIA, the FOIP or other relevant privacy legislation in effect.
9. I agree to notify Alberta Health Services as soon as reasonably possible if I am aware of a breach of this agreement.

By signing below I accept the terms and conditions of this agreement and intend to be legally bound by them.

Name: _____

Employee#: (if applicable) _____

Site & Department: _____

Date: _____

Signature: _____

Once signed and dated please forward to the Security & Compliance Office