

Confidentiality Agreement

Name: _____ Title: _____

Affiliation with Yukon Hospital Corporation: _____

(For example: Employee, Clinician, Privileged Physician, Contracted Medical Staff, Board Member, Student, Consultant, Vendor, Volunteer and Contractor).

1. During my association with Yukon Hospital Corporation (YHC), I may have access to information and material (electronic and manual records) relating to patients, medical staff, employees, or other individuals which is of a private and confidential nature. At all times, I shall respect the privacy of the information I may have access to as well as the privacy of the patients, employees, and all associated individuals whom I may encounter while associated with Yukon Hospital Corporation.
2. I shall treat all YHC administrative, financial, patient, employee and other records as confidential information and I will protect them to ensure full confidentiality. I shall not read records or discuss, divulge or disclose such information about YHC, unless there is a legitimate purpose related to my association with YHC. This includes patient information from other facilities that I may have access to as part of my regular duties. This obligation does not apply to information in the public domain.
3. I shall ensure that confidential information is not inappropriately accessed, used, or released either directly by me, or by virtue of my signature or security access to premises or systems.
4. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact my Department Head and the I.S. or Facility Management Departments as applicable.
5. Violations of this policy include, but are not limited to:
 - accessing information that I do not require on a need to know basis for job-related purposes;
 - misusing, disclosing without proper authorization, or altering patient or personnel information;
 - disclosing to another person my user name and/or password for accessing electronic records;
 - disclosing computer access codes (for example, door codes) that need to be kept confidential and secure;
 - Failure to protect physical access devices (for example, keys and badges) and the confidentiality of any information being accessed.
6. I understand that YHC will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
7. I understand and agree to abide by the conditions outlined in this agreement as well as those outlined in the YHC Corporate Privacy Policy, and they will remain in force even if I cease to have an association with YHC.
8. I also understand that should any of these conditions be breached, I will be subject to corrective action up to and including loss of privileges or termination of a contract or may be fined up to \$25,000 as per the current privacy legislation. Furthermore, I understand that I may be subject to disciplinary action up to and including termination of employment.

I have read and understand the information contained in the YHC Corporate Privacy Policy and related privacy policies as identified in LI-060._____
Name and Title_____
Signature_____
Date_____
Name of Witness/Co-Signatory
(Circle applicable Co-signature)_____
Signature_____
Date

Name of organization /project or contract _____