



## **PRIVACY OF INFORMATION - PLEDGE OF CONFIDENTIALITY**

The IWK Health Centre (IWK) must protect patient privacy, and the confidential patient and business information in its control. All IWK employees and associates<sup>1</sup> are responsible for keeping confidential all patient and business information that they learn about, hear, handle or view in the course of work at the IWK.

All information about a patient, family, and/or staff member must be treated as confidential. Even disclosing that someone is a patient at the IWK is considered a violation of confidentiality. Discussions about patient or business information must not take place in public places (elevators, lobbies, hallways, cafeterias, etc.), and must not take place in front of people who are not involved in the individual's care or service.

Only employees or associates who receive formal approval and are issued personal access codes may use the IWK's electronic information systems. The IWK's electronic information systems allow access to patient and other confidential information for authorized users only. This confidential information is protected by law and policy. Accessing confidential information for a reason other than carrying out work duties is forbidden. Also, sharing personal access codes is strictly forbidden.

Safeguarding confidential patient and business information is a serious responsibility. All IWK employees and associates<sup>1</sup> are required to sign this Pledge of Confidentiality promising to keep personal access codes, information accessed with them, and all other forms of private information confidential.

<b>PLEASE TURN OVER FOR PLEDGE</b>
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<sup>1</sup> "Associates" means learners/students, physicians, volunteers, IWK Health Centre Board Members, Foundation employees, contractors, and other authorized representatives/agents.



## PLEDGE OF CONFIDENTIALITY

I pledge to keep confidential all matters that come to my attention while working for the IWK Health Centre or during my association with the IWK Health Centre. I will follow all IWK policies and procedures, including those concerning privacy and confidentiality. I will access, use and disclose confidential information on a need-to-know basis (if required for the work I am doing, or when I am required to do so by law).

I also understand and agree that:

- My electronic information system(s) access code(s) (my password) is like my legal signature. I am responsible for all actions performed when the electronic information system has been opened using my password.
- All electronically stored patient information is confidential and must be treated with the same care as printed or written information.
- I will not disclose my access code (my password) to anyone. I will not attempt to find out another person's access code.
- I will access patient information on a "need to know" basis only, when required to do so for my work at the IWK.
- If I think my access code (my password) has been misused, lost or stolen, I will contact the IWK Privacy Office and the Information Technology department immediately.

I understand that any breach of confidentiality, inappropriate access, or misuse of information at the IWK, including misuse of my confidential access code(s), violates IWK policy and may result in disciplinary action such as dismissal, reporting of my conduct to my professional regulatory body or sponsoring agency, and other actions as required by law.

I understand that these obligations continue after my work/association with the IWK Health Centre has ended.

Name (Please print) \_\_\_\_\_

Status ☐ Employee ☐ Volunteer ☐ Student ☐ Other \_\_\_\_\_

Employee # \_\_\_\_\_ Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

### For Associates only:

Sponsor's Signature \_\_\_\_\_ Contact Number \_\_\_\_\_

Program/Team/Department \_\_\_\_\_ Date \_\_\_\_\_