



CONFIDENTIALITY AGREEMENT

The William Osler Health Centre has a **Zero Tolerance** policy on any violation of confidential information concerning patients, hospital personnel and hospital business. Audits will be conducted on a regular basis to ensure confidentiality is maintained and violations are addressed.

All employees/physicians/volunteers/students and staff from external agencies who have access to confidential information, as defined in the Policy Statement, are required to sign the Confidentiality Agreement. This Agreement acknowledges that any violation of the confidentiality policy will be grounds for disciplinary action, up to and including dismissal.

What does this mean?

1. You must not divulge confidential information within or outside the William Osler Health Centre unless required in the performance of your duties.
2. You must not share your access codes, e.g. your computer password, voice mail password, pin number for door locks, pin for electronic signature. Your password can and will be used to track accessing of confidential information.
3. You must not leave any confidential information exposed for others to view, e.g. computer screen or patient record or discuss confidential information in public areas.
4. You must not use the information systems to search for any confidential information that is not required to do your job.

One copy of this Agreement will be sent to Human Resources to become part of your permanent file, and one copy will be given to you for your personal records.

I have read this document, I understand the William Osler Health Centre policy governing confidentiality, and I understand the implications of a breach of confidentiality.

(First and Last)

(INITIAL)

Signature:

Department:

Campus:

Date:

External Agency/Facility: