Toronto Rehab
Everything Humanly Possible

Confidentiality Agreement

Name: _____
(Please Print)

Affiliation with Toronto Rehabilitation Institute: _____
(eg. employee, physician, volunteer, researcher, student, consultant, board member, vendor, contractor)

During my association with the Toronto Rehabilitation Institute, I will have access to information and material relating to patients, medical staff, board members, employees, of Toronto Rehabilitation Institute, which is of a private and confidential nature. At all times, I shall respect the privacy and dignity of patients, employees, and all associated individuals.

1. I shall treat all Toronto Rehabilitation Institute information that is not in the public domain as confidential. This includes administrative, financial, clinical, employee and other records including photographs. This means that I shall not read records or discuss, divulge, or disclose such information about Toronto Rehabilitation Institute, unless there is a legitimate purpose that is authorized by the person overseeing my work at Toronto Rehabilitation Institute, by the person who formerly oversaw my work at Toronto Rehabilitation Institute, or by law.

2. 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.

3. Violations of this agreement include, but are not limited to:
    - accessing information that I do not require for job purposes;
    - misusing, disclosing without proper authorization, or altering patient or personnel information,
    - disclosing to another person your user name and/or password for accessing electronic records. Exceptions must be discussed with the chief privacy officer.

4. I shall only access, process, and transmit confidential information using hardware, software, and other authorized equipment or methods as required by the duties of my position.

5. I understand that Toronto Rehabilitation Institute will conduct periodic audits to ensure compliance with this agreement.

6. I understand the conditions outlined in this statement, and understand that they will remain in force even if I cease to have an affiliation with Toronto Rehabilitation Institute.

7. I understand that should any of these conditions be breached, I may be subject to corrective action up to and including termination of employment, loss of privileges, termination of a contract, or such other action as is appropriate to my association or prior association with Toronto Rehabilitation Institute.

_____	_____	_____
Name (Please Print)	Signature	Date
_____	_____	_____
Name of Supervisor (Please Print)	Signature	Date