



OATH / AFFIRMATION OF CONFIDENTIALITY

This Oath / Affirmation of Confidentiality encompasses personal and / or personal health information of the client, employee and business information of Central Health. As an employee, health care professional/provider, trustee, student, volunteer, contractor or any other affiliated individual engaged by Central Health, we have a legal and ethical obligation to ensure that information to which we have access is kept private and confidential. It is understood that this access will be gained only through appropriate authorization and be used only for the purpose for which the access was granted. All information must be protected to ensure confidentiality and privacy.

Central Health employees and agents may have disclosure and / or advocacy obligations arising from professional standards, regulations and concerns regarding safety of clients and services delivered. Central Health acknowledges the responsibility of health care professionals and organizations for appropriate disclosure to the public. It is the expectation of Central Health that any concerns/issues initially be brought forward to Central Health for resolution.

I, _____, of _____ solemnly
(Print name) (City / Town, Province of residence)

Swear / affirm the following:

1. I have reviewed and will adhere to Central Health's policy on **Confidentiality**, including responsibilities regarding confidential information obtained during the course of services provided to Central Health.
2. I have been informed on how to access policies and procedures of Central Health as they relate to the Newfoundland and Labrador *Personal Health Information Act* and other relevant regulations, and I understand my role and obligations under same.
3. I understand that it is my duty to adhere to the provisions of the Newfoundland and Labrador *Personal Health Information Act; Access to Information and Protection of Privacy Act*, all other relevant legislation and regulations, policies, professional practice standards (where applicable), and agree to same.
4. I understand that all personal / personal health / business information to which I have access is confidential, and is not to be disclosed to anyone who is not authorized to know the information, in any manner, at anytime, as in accordance with Central Health's policies and procedures regarding same.
5. I will not access or use personal / personal health / business information, except as it is necessary to perform my duties and / or as I am authorized to do so by Central Health.
6. I will not allow any unauthorized person to access personal / personal health information / business information.

7. I will immediately report any breaches of privacy and / or confidentiality to my immediate manager/director/senior management.
8. I understand that it is my responsibility to secure information to which I have access in accordance with the policies and procedures of Central Health governing the security of information.
9. I understand that if I have questions or concerns respecting access, use or disclosure of personal / personal health / business information, I am responsible for addressing those questions or concerns with my immediate manager/director/senior management.
10. Should I inadvertently breach any of the provisions of Central Health's policies regarding the access, use or disclosure of personal / personal health / business information, or cause a security breach which could lead to improper disclosure of information held by Central Health or improper access by others to information held by Central Health, I understand that a record of this breach will be maintained by Central Health and that I may be required to undertake additional privacy and security education.
11. Should I willfully breach any of the provisions of Central Health's policies respecting the access, use or disclosure of personal / personal health / business information or cause a security breach which could lead to improper disclosure of information held by Central Health or improper access by others to information held by Central Health, I understand that I may face disciplinary action, up to and including termination of my employment / contract for service.
12. I understand that this Oath / Affirmation of Confidentiality survives the termination of my employment / engagement with Central Health and that I may be fined and / or face civil penalties should I breach this Oath / Affirmation of Confidentiality even after my employment / engagement with Central Health has ended.
13. I understand that this Oath / Affirmation of Confidentiality will be retained as part of my personnel/contract/service file.

Sworn / Affirmed at _____, this _____ day of _____,
20_____, before me.

Signature

Signature of Commissioner of Oaths/Notary Public

Print Name

Print Name

Please tick one of the following to indicate your affiliation with Central Health				
<input type="checkbox"/> Employee	<input type="checkbox"/> Physician	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other _____