

SAMPLE

Pledge of Confidentiality

Disclaimer for Custodians: This is a sample pledge only. It is intended to provide guidance to custodians, but may not apply to your circumstances and should not be relied on as legal advice.

(Name of Custodian)

As an employee or agent of _____ (name of Custodian), I pledge to keep confidential any information obtained during the performance of my duties at _____ (name of Custodian). I understand that confidential information includes, but is not limited to, information relating to:

- ▶ Patients/Clients (example: health records, Yukon Health registration information (include relevant examples of personal health information employees may have access to)
- ▶ _____ (name of Custodian) employees and other associates (such as employee records, disciplinary action, etc.);
- ▶ _____ (name of Custodian) business information (such as contracts, business related information, etc.)

I agree that I will read and comply with _____ (name of Custodian) policies on privacy, confidentiality and security of confidential information. If I require help in retrieving or understanding these policies, I will seek help from my Supervisor or _____ (name of Custodian) Privacy Officer (or the position in your organization who is responsible for privacy).

I also understand and agree that:

- ▶ I will collect, access, use and disclose confidential information on a “need to know basis” only, and only the minimum amount required, as required for my role or as required by law. I will not communicate confidential information either within or outside _____ (name of Custodian), except to persons authorized to receive such information.
- ▶ I will not access confidential information of family, friends, co-workers or any other individuals unless they are under my direct care or I need to as part of my official duties at _____ (name of Custodian).
- ▶ I will access my own personal health information in the custody or control of _____ (name of Custodian) through the method approved for the public.
- ▶ I will not share my passwords to electronic information systems with anyone and I am responsible for protecting them. I am responsible for all actions performed when the electronic information system has been opened using my password.
- ▶ I will access, process and transmit confidential information using only authorized hardware, software or other authorized equipment.
- ▶ I shall not remove confidential information from _____ (name of Custodian) premises except as authorized. In transit, I shall securely store the information and ensure it is in my custody and control at all times.
- ▶ I will not alter, destroy, copy or interfere with confidential information, except with authorization and in accordance with _____ (name of Custodian) policies and procedures.

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- ▶ I shall immediately report all incidents involving loss, theft or unauthorized access and/or disclosure of confidential information to my Supervisor or _____ (*name of Custodian*) Privacy Officer [or the position in your organization who is responsible for privacy].
- ▶ I understand that _____ (*name of Custodian*) will conduct regular audits to ensure confidential information is protected against unauthorized access, use, disclosure, copying, modification or disposal.

I further understand that as an employee or agent of _____ (*name of Custodian*) I am bound by the *Health Information Privacy and Management Act* and I am aware that any breach of my duty to maintain confidentiality may result in corrective action including significant disciplinary action. Action taken may include, but is not limited to: retraining, loss of access to systems, suspension, reporting my conduct to a professional regulatory body or sponsoring agency, restriction or revocation of privileges, financial penalties and immediate dismissal.

I acknowledge that if I knowingly breach the obligations described herein then I may be personally subject to a statutory fine of up to \$25,000 for each breach.

I understand and agree to abide by the conditions outlined in this pledge, and they will remain in force even if I cease to be employed by or have an association with _____ (*name of Custodian*).

NAME OF EMPLOYEE/AGENT (PLEASE PRINT)

SIGNATURE OF EMPLOYEE

DATE (YYYY-MM-DD)

SIGNATURE OF WITNESS

DATE (YYYY-MM-DD)



June 2016