

CONFIDENTIALITY AGREEMENT

Name: _____

(Please Print)

Affiliation with Grand River _____

(For example: employee, clinician, physician, allied health, volunteer, student, consultant, vendor, shared care partner and contractor)

Definition of Personal information (which includes Personal Health Information)

“Personal Information includes any factual or subjective information, recorded or not, and in any form, about an identifiable individual, but does not include the name, title or business address or telephone number of an employee of an organization. Personal Health Information is included in Personal Information, and is comprised of information related to an individual, whether living or deceased, including:(a) information concerning the physical or mental health of the individual; (b) information concerning any health service provided to the individual;(c) information concerning the donation by the individual of any body part or any bodily substance of the individual or information derived from the testing or examination of a body part or bodily substance of the individual (d) information that is collected in the course of providing health services to the individual; or (e) information that is collected incidentally to the provision of health services to the individual.”

Definition of Confidential Information

Confidential Information includes information, in any format, created or received by the Hospital in the course of its business, Executive and Corporate information (including, but not limited to, information pertaining to the Hospital medical staff in their professional capacity, Board and Executive Committee meeting minutes, working drafts of corporate documents), financial information, human resources information (including, but not limited to, payroll, personnel, or legal information, and staff health records) - to the extent that the information is not also Personal Information.

1. During my association with Grand River Hospital, I will have access to personal information and material relating to patients, medical staff, employees, other individuals, or Grand River Hospital, which is of a private and confidential nature.
2. At all times, I shall respect the privacy and dignity of patients, employees, and all associated individuals.
3. I shall treat all Grand River Hospital administrative, financial, patient, employee and other records as confidential information, and I will protect them from improper disclosure. I shall not collect, use or disclose any confidential information without authorization nor will I discuss, divulge, or disclose confidential information about Grand River Hospital to others, unless it is necessary to fulfill my duties and responsibilities to Grand River Hospital. If I am unsure if I have the authorization of Grand River Hospital to access, use or disclose confidential information, I agree to seek clarification on this issue from Grand River Hospital. This could be through my immediate supervisor at Grand River Hospital or Grand River Hospital’s Privacy Officer.

4. I shall take all reasonable steps to ensure that confidential information is not inappropriately accessed, used, or disclosed either directly by me, or by virtue of my signature, password or security access to premises or systems.

5. Violations of this policy include, but are not limited to:

- accessing confidential information that I do not require for the purposes of fulfilling my duties and responsibilities to Grand River Hospital;
- misusing, disclosing without proper authorization, or altering patient or personnel information, and disclosing to another person my user name and/or password or failing to adequately protect my password.

6. I shall only access, process, and transmit confidential information using authorized hardware and software, or other authorized equipment, as required by the duties of my role at Grand River Hospital.

7. I understand that Grand River Hospital will conduct periodic audits to ensure compliance with this agreement and its privacy policy.

8. I understand and agree to abide by the conditions outlined in this agreement, and I acknowledge that they will remain in force even if I cease to have an association with Grand River Hospital.

9. I also understand that should any of these conditions be breached, I may be subject to corrective action including, but not limited to, termination of employment, loss of privileges, contract termination, or other action appropriate to my association with Grand River Hospital.

10. I am aware that Grand River Hospital has policies and procedures regarding privacy, confidentiality and security of Personal Information and I understand that it is my responsibility to be familiar with these policies and procedures and to comply with their provisions.

Name (Please Print) _____ Signature & Date _____

Name of Witness (Please Print) _____ Signature _____