

## PLEDGE OF CONFIDENTIALITY

I, the undersigned, have read and understand the Prairie Mountain Health (PMH) Confidentiality policy.

I acknowledge that during my employment or association with PMH I may have access to or learn of information that is by nature private and confidential.

In consideration of my employment/association with PMH and integral to the terms and conditions, I hereby pledge and agree that I will:

1. Comply with PMH policies related to the privacy, confidentiality and security of confidential information;
2. Use safeguards to protect the confidentiality, security, integrity and availability of confidential information during its collection, use, disclosure, storage, transmission, transport and destruction;
3. Access, use, disclose and discuss confidential information only on a "need to know" basis and only the minimum amount required as necessary to fulfill my duties;
4. Maintain all confidential information that I have knowledge of further to my duties in strictest confidence by not discussing this information either within or outside PMH, except to persons authorized to receive such information and where required to fulfill my duties;
5. Respect the privacy right of my family, friends, co-workers and other individuals who I know personally by not accessing their confidential information unless required to do so to fulfill my job duties and where no other person is available to access this information;
6. Request access to my own personal/personal health information maintained by PMH or that of my family only through PMH access to information procedures set out in PMH policy;
7. Protect my unique network and system password(s) by not revealing or sharing them with anyone;
8. Accept responsibility for all record of activity while I am logged onto the PMH network with my unique network and system username and password(s);
9. Only remove confidential information from PMH premises where authorized and required to fulfill my duties;
10. Ensure the security of all confidential information in my custody and control at all times;
11. Ensure confidential information is not altered, copied or destroyed except as authorized and in accordance with PMH policy;
12. Immediately report incidents where the privacy and security of confidential information is compromised.

I further understand that:

1. Any violation of my duty to protect confidential information may result in disciplinary action, up to and including termination of my employment or association with PMH, imposition of fines pursuant to *The Personal Health Information Act*, and a report to my professional regulatory body; and
2. My obligations outlined above will continue after my employment/contract/association/appointment with PMH ends.

I acknowledge that I have read and understand the preceding information and that my signature below indicates my agreement to comply with the above conditions.

Name (Please Print)	Signature of Individual	Date Pledge Signed
Please Check One: <input type="checkbox"/> Employee <input type="checkbox"/> Medical Staff <input type="checkbox"/> Student <input type="checkbox"/> Other: Specify Department/Program/Organization: _____		