



- Flin Flon
- The Pas
- Thompson
- (Other)

## PLEDGE OF CONFIDENTIALITY

In consideration of my employment/association with the Northern Health Region (NHR), I agree to respect and protect the privacy and confidentiality of patients, employees, persons regularly associated with the NHR and the business matters of the NHR.

**Personal Health Information:** I acknowledge that I am aware of and understand the Corporate Policies of the NHR regarding the security of personal health information including the policies related to the use, collective, disclosure, storage and destruction of personal health information.

In consideration of my employment/association with the NHR, and as an integral part of the terms and conditions of my employment/association, I hereby agree, pledge and undertake that I will not at any time, during my employment/association with the NHR, or after my employment/association ends, access or use personal health information, or reveal or disclose to any persons within or outside the NHR, any personal health information **except** as may be required in the course of my duties and responsibilities and in accordance with applicable Legislation, Corporate and departmental policies governing proper release of information.

**Employee Information:** I acknowledge that I am aware of and understand the Corporate Policy in relation to confidential employee information and that any such disclosure would be considered a breach of policy.

**Business Matters (Operational & Financial):** I acknowledge that I am aware of and understand the Corporate Policy in relation to confidentiality of business matters of the NHR and that any such disclosure would be considered a breach of policy

**Breach of Confidentiality:** I understand that unauthorized use or disclosure of such information may result in disciplinary action up to and including termination of employment/association with NHR, the imposition of fines pursuant to *The Personal Health Information Act*, and a report to my professional regulatory body (as applicable).

I, the undersigned, have read and understand policy AD-07-10 Confidentiality which includes the requirement for compliance with *The Personal Health Information Act (Manitoba)*.

I, the undersigned, understand that my obligations as outlined above will continue after my employment/association with the NHR ends.

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: _____		