



CONFIDENTIALITY AGREEMENT

To be completed by all students participating in a clinical placement in any Regional Health Authority, the Saskatchewan Cancer Agency or affiliate organization in Saskatchewan.

Name

Home Address

City

Postal Code

WHEREAS:

The Saskatchewan Cancer Agency, Regional Health Authorities and affiliate organization in Saskatchewan are each considered an "Agency" within this policy. Each Agency is a trustee as defined by the *Health Information Protection Act* ("HIPA") and is bound by this legislation;

Each Agency is a local authority as defined by the *Local Authority Freedom of Information and Protection of Privacy Act* ("LAFOIP") and is bound by this legislation;

As a student participating in a clinical placement in the Agency, I understand that I may have access to confidential personal information, confidential person health information, or confidential Agency information that may include, but is not limited to, the following:

- The personal health information of patients, such as information with respect to the physical or mental health of the patient, information with respect to health services provided to the patient, information that is collected in the course of providing health services to the patient, or registration information of the patient;
- The personal information of other Agency employees, research staff, contracted staff, students or volunteers including, but not limited to, the following:
 - information that relates to the race, creed, religion, colour, sex, sexual orientation, family status or marital status, disability, age, nationality, ancestry or place of origin of the individual;
 - information that relates to the education or the criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved;

- information that relates to health care that has been received by the individual or to the health history of the individual; and,
- the home or business address, home or business telephone number,
- Agency business information, such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, source code, proprietary technology, etc.;
- Information about the Agency's business partners and service providers.

AND WHEREAS:

As a student within the agency, I am required to conduct myself in strict compliance with applicable laws and Agency policies governing confidential information. My principal obligations in this area are explained below. I am required to read and abide by these duties. Violation of any of these duties may subject me to discipline including termination of my clinical placement.

NOW THEREFORE, as a condition of and in consideration of my access to confidential information, I agree to the following:

BASIC CONFIDENTIALITY OBLIGATIONS

1. I will use confidential information only as needed to perform my legitimate duties required in my clinical placement. This means, among other things, that:
 - (a) I will only access confidential information required for me to fulfill my legitimate Agency responsibilities.
 - (b) I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my duties with the Agency.
 - (c) I will use confidential information for purposes specifically authorized by the Agency.
 - (d) I agree that I will not engage in any conversations regarding confidential information in unsecured areas of my workplace such as hallways, bathrooms, or open work areas.
 - (e) I will safeguard records I have access to from loss, alteration, defacement or unauthorized use.
2. I accept accountability for all activities I undertake using and safeguarding my passwords, user IDs, clearance badges, access cards or other codes or devices assigned to me or created by me that allow me to access confidential information.
3. I agree that the Agency may, at its discretion, conduct an audit of my access to, and handling of, confidential information.

4. I understand that I may share care related information with appropriate staff and faculty.
5. I understand that any patient/client/resident/elder information I share with my program will be for the purposes of my learning assignments and will not contain information that can identify an individual. Information that should not be shared includes the following:
 - Name (patient/client/resident/elder or significant others),
 - Date of birth, admission, discharge, or death
 - Telephone, address, fax numbers, email address
 - Social insurance numbers, medical record or health plan numbers, vehicle identifiers
 - Photographs, audio/video recordings
6. I agree that I have no right or ownership interest in any confidential information.

GENERAL

I agree that my obligations under this Agreement will continue after completion of my clinical placement.

Student's Signature

Date

Student's Printed Name

Witness' Signature

Date

Witness' Printed Name