In consideration of my employment at **Providence Health Care Research Institute (“PHCRI”)**, I acknowledge and agree as follows:

* I have read, understand and will comply with the PHC Information Privacy & Confidentiality policy (link below) and related policies as amended from time to time, concerning the collection, use and disclosure of “Personal Information”, as defined in the BC *Freedom of Information and Protection of Privacy Act*, in the course of my employment with or provision of services to PHC;
* I understand that all Personal Information concerning staff and clients who receive services (including medical records relating to patients and residents) is confidential and may not be communicated to anyone in any manner, except as required to perform my work duties and done in accordance with applicable policies;
* I understand and acknowledge that all information regarding PHCRI, including corporate, financial and administrative records, is confidential and may not be communicated or released to anyone in any manner except as authorized by PHC or PHCRI, or applicable policies;
* I understand I must protect all confidential information taken outside the office from theft or loss. This includes keeping the information with me at all times, storing it in a locked and secured area when unattended, and encrypting and password protecting it when stored on electronic mobile devices (e.g. USB drives, laptops, etc.);
* I will not copy, alter, destroy or remove any confidential information or records except as authorized by PHC or PHCRI in accordance with established policies;
* I understand that access to patient care information systems and other records is only for the purpose of and limited to what is required to perform my role. I will not access my record or those of family, friends or others, unless I am directly involved in providing care or other services to the individual the information is about.
* I will immediately report to the PHCRI Human Resources Department the potential or actual unauthorized disclosure or loss of any Personal Information as per policy;
* I understand that compliance with this Undertaking is a condition of my employment or service contract with PHCRI and that failure to comply may result in immediate termination of my employment or services, in addition to legal action by PHCRI and/or others.
* I agree that my confidentiality obligations in this Confidentiality Undertaking continue even after my relationship with PHC ends.

**By accepting these terms, I am confirming that I acknowledge, understand and agree to the above.**

**I have reviewed the link above and accept these terms.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPF0300: PHC Information Privacy & Confidentiality Policy can be found on PHC Connect at:

<http://shop.healthcarebc.ca/phc/PHCPolicies/B-00-11-10108.pdf>

Direct questions to the PHC Information Access & Privacy Office: 604.806.8336 or [privacy@providencehealth.bc.ca](mailto:privacy@providencehealth.bc.ca)