

Confidentiality and User Agreement

Last Name	First Name
Job Title	Job Location
Role <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	<input type="checkbox"/> Student or Educator <input type="checkbox"/> Other - <i>specify:</i> _____ (Name of responsible department _____)

Your Obligations

Confidentiality of information is governed by Covenant Health (COV) policies and provincial and federal laws. You may have access to personal, health information or other confidential information as part of your duties and responsibilities and you are required to handle that information in a secure and confidential manner according to COV policies and the laws. In addition, there are rules and expectations related to accessing the Alberta Health Services (AHS) information systems network and AHS/COV information systems. You may be required to comply with additional terms and conditions before accessing specific information systems.

You must read, understand and sign this Confidentiality and User Agreement and act accordingly in the performance of your duties.

Agreement

Appropriate Collection, Use and Disclosure of Information

- 1) I will only collect, access, use, and disclose the minimum information necessary to fulfill my job duties and responsibilities.
- 2) I will not access information for any purpose not related to my duties, including accessing my own health information, or the information pertaining to a family member, friend, colleague, or anyone who is not within my scope of my work or responsibilities. I understand there are procedures in place which allow me or others to appropriately request access to information.
- 3) I will do my best to make sure that information I enter into a COV information system is complete and accurate.
- 4) I will dispose of any information I collect from a COV system, whether in electronic or paper form, in a secure manner as explained in policies and procedures.
- 5) I will use reasonable means to protect information I access on a COV system so it will not be viewed or obtained by unauthorized people, (e.g. secure my computer, be discreet when viewing data).
- 6) I understand that COV owns and controls all information held in any format (electronic, paper or otherwise) contained in COV facilities or systems.
- 7) I will not collect, use, share, transmit, or disclose any COV information except as allowed by COV policies and procedures.

Agreement (continued)

Information System Security

- 8) I will keep all system login information such as my user identification and password confidential and will not share this information with anyone else.
- 9) If I believe that another person may know my login information, I will immediately change my password and notify the AHS Information Technology Security and Compliance team by emailing securityincident@albertahealthservices.ca
- 10) I understand I am responsible for all activity on any COV information system device performed under my login information.
- 11) I will not leave my workstation unattended without logging out or securing my workstation.
- 12) I will not use or obtain another person's login information.
- 13) I will not download or install any application or program to a COV information system device without the approval of the Information Technology department.

Audit and Sanctions

- 14) I understand and acknowledge that COV conducts random audits of its information systems and may audit my use of any COV system without notice.
- 15) I understand that COV, in its sole discretion, may revoke or restrict my access to any COV information or system for any reason. I also acknowledge there may be other employment related sanctions if I do not meet the requirements within this agreement.

Confidentiality Provisions

- 16) I will take reasonable steps to:
 - a) keep all information I learn in the course of my duties private and confidential
 - b) prevent the unauthorized collection, use, and/or disclosure of that information
 - c) review the COV Information and Privacy policies located on CompassionNET at <http://www.compassionnet.ca/> and familiarize myself with any changes that may be made from time to time
- 17) I accept that the obligation to keep COV information confidential continues even after I leave the organization or my relationship with COV ends.
- 18) If I become aware of a violation of a policy referenced above or a potential or actual breach of confidentiality, I will notify my supervisor immediately and Covenant Health Information and Privacy at privacy@covenanthealth.ca

I acknowledge that I have read and accept all the requirements described in this agreement and understand the consequences if I do not comply.

Name (<i>print</i>)	Signature	Date (<i>yyyy-Mon-dd</i>)