



How you want to be treated.

Confidentiality Undertaking

For Groups, Preceptorships, Projects

Last Name: _____

First Name: _____

School: _____

Program: _____

In consideration of my placement at Providence Health Care ("PHC"), I acknowledge and agree as follows:

- I have read, understand and will adhere to 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 placement with 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 authorized by PHC in accordance with applicable policies;
- I understand and acknowledge that all information regarding PHC, 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 applicable policies;
- I will not copy, alter, destroy or remove any confidential information or records except as authorized by PHC in accordance with established 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);
- 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 PHC Information Access & Privacy Office the potential or actual unauthorized disclosure or loss of any Personal Information as per policy;
- On completion of my placement or upon request by PHC, I will immediately return to PHC or destroy all electronic or written documents or records in my possession that may contain confidential information. As well, I agree that my confidentiality obligations in this Confidentiality Undertaking continue even after my relationship with PHC ends.
- I understand that compliance with this Undertaking is a condition of my placement with PHC and that failure to comply may result in immediate termination of my placement, in addition to legal action by PHC and/or others.
- I consent to PHC collecting, using and disclosing my personal information for the purposes of my placement; including ensuring the safety of patients and others, conducting investigations, and compliance with legal requirements.

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

I accept these terms. (please tick the box)

Name (please print)	Signature	Date
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CPF0300: PHC Information Privacy & Confidentiality Policy can be found on PHCConnect at:

<http://phcmanuals.phcnet.ca/corporate/doc/CPF0300.asp?LibCode=CORP>

Direct privacy questions to the PHC Information Access & Privacy Office: 604.806.8336 or privacy@providencehealth.bc.ca

Please return the completed form and mail, fax to 604-806-9315 or email to studentplacements@providencehealth.bc.ca

Student Placement Coordinator, Professional Practice Office
St. Paul's Hospital, 1081 Burrard Street, Vancouver, BC V6Z 1Y6