



Privacy / Confidentiality Oath or Affirmation for Affiliates

This Privacy/Confidentiality Oath or Affirmation (the "Oath or Affirmation") encompasses confidential and/or private and/or personal and/or personal health information (the "Information") concerning patients/clients/residents, staff or the business of Eastern Health. As an affiliate within Eastern Health, I may be granted access to such Information. This access will be gained through appropriate authorization and shall be used only for the purpose for which the access was granted. I recognize that in the course of my affiliation with Eastern Health, I may also inadvertently gain access to Information. All Information must be protected to ensure maintenance of full confidentiality and privacy.

In consideration of my affiliation with Eastern Health, I hereby swear [or affirm]:

- a) I have read in its entirety and understand Eastern Health's policy on Privacy and Confidentiality, including responsibilities regarding the protection of information obtained during the course of my affiliation with Eastern Health for the duration of my affiliation and beyond. Eastern Health's information sharing policies are accessible on the Eastern Health website, www.easternhealth.ca.
- b) a) I will not at any time during my affiliation access any information except as may be required in the course of the duties and responsibilities associated with my affiliation or divulge to any person(s) within or outside Eastern Health, any information except as may be required in the course of the duties and responsibilities associated with my affiliation, and then, any disclosure of information will only be the minimal amount required in the particular situation. Further, I acknowledge and agree that any information obtained during the duration of my affiliation shall not be divulged upon termination (for any reason) of my affiliation.
- c) I will comply with all obligations imposed under applicable privacy laws, which may include the *Personal Health Information Act SNL 2008 c.P-7.01 (PHIA)* and the *Access to Information and Protection of Privacy Act, 2015 (ATIPPA)* as such apply to the collection, use, disclosure, storage, retention and transfer of information, as outlined in Eastern Health's policies.
- d) In particular, that I have an obligation:
 - (i) to comply with the requirements of applicable legislation, which may include the *PHIA* (<http://assembly.nl.ca/Legislation/sr/statutes/p07-01.htm>), to protect the confidentiality of personal health information about individuals and the privacy of the individuals who are the subject of that information;
 - (ii) to protect the confidentiality of the information that is in my custody or under my control and the privacy of any individual who is the subject of that Information;
 - (iii) to provide for the secure storage, retention and disposal of personal health information to minimize the risk of unauthorized access to or disclosure of the personal health information of individuals.

SWORN TO [or AFFIRMED] at the _____ of _____, in the Province of Newfoundland & Labrador this _____ day of _____, _____.

Before me:

Notary/Commissioner

Person Swearing/Affirming

Print Name