

Privacy and Confidentiality Agreement

I acknowledge and understand that:

- Unity Health Toronto (“**Unity Health**”) has in place policies and procedures respecting privacy, confidentiality and security (the “**Policies and Procedures**”)
- As a condition of my employment, relationship or affiliation with Unity Health, I acknowledge, understand and agree that I must comply with the Policies and Procedures,
- The Policies and Procedures are available to me through the internal websites of each Unity Health site or are available to me upon request if I do not have access to the websites in the event that I have any questions relating to my obligations under this Agreement or the Policies and Procedures,
- All personal health information [i.e., *information identifying an individual and relating to the provision of health care to that individual*] and/or corporate confidential information [i.e., *information used for the management, business or financial purposes of Unity Health*] [together, the “**Information**”] that I have access to or learn through my employment, privileges, relationship or affiliation with Unity Health is to be treated as strictly private and confidential,
- If I fail to comply with these obligations, I understand that Unity Health may take disciplinary action up to and including the termination of my employment, relationship or affiliation with Unity Health, or suspension or revocation of my privileges with Unity Health, and that I may be subject to legal action taken against me by Unity Health and others, and/or be reported to the appropriate college or regulatory body, and
- My obligations on confidentiality extend indefinitely beyond my term of employment, privileges, relationship and/or affiliation with Unity Health.

I agree that I will access, use or disclose any Information only if it is necessary for me to do so in order to perform my duties or tasks as assigned or approved by Unity Health. I also understand that under no circumstances may any Information be communicated either within or outside of Unity Health except to such other persons as are authorized by Unity Health to receive such information.

I agree that I will not alter, destroy, copy, retain or interfere with any Information, except with appropriate authorization and in accordance with the Policies and Procedures.

I agree to keep any electronic access codes assigned to me (for example, passwords) confidential and secure. I also agree to safeguard physical access devices (for example, keys and/or badges) and the privacy and confidentiality of any Information being accessed.

I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. I agree that I will not lend or give my access codes or devices to anyone and that I will not attempt to use those of others. I acknowledge and understand that work done using such codes may be subject to periodic audits. If I have reason to believe that my access codes, badges or devices have been compromised, lost or stolen, I agree to immediately contact the most appropriate Help Desk. If I have reason to believe that any Information has been lost, stolen or otherwise inappropriately accessed, used, or disclosed, I agree to immediately contact the Privacy Office.

I agree to securely return all property of Unity Health including keys, badges, devices and Information, if any, at the conclusion of my employment, relationship or affiliation with Unity Health.

Name (Please Print)

Unity Barcode Number *(if applicable)*

Signature

Date