



Labrador-Grenfell
Health

Oath/Affirmation of Confidentiality
(Employees/Agents, Volunteers, Students, etc.)

This Oath/Affirmation of Confidentiality encompasses confidential, private and/or personal information relating to clients, staff and/or the business of Labrador-Grenfell Health (please note that an “oath” is a promise or statement of fact made upon someone or something that is sacred (i.e. God) as bearing witness; an “affirmation” may be used by those individuals who prefer to avoid the religious implications of an oath. Both an affirmation and an oath have the same legal effect).

Labrador-Grenfell Health employees and agents may have disclosure and/or advocacy obligations arising from professional standards and regulations and concerns regarding safety of clients and services delivered. Labrador-Grenfell Health acknowledges the responsibility of health care professionals and organizations for appropriate disclosure to the public. It is the expectation that concerns or issues be first directed through the operational departments and programs of Labrador-Grenfell Health as the initial step toward resolution.

I, _____ of _____ solemnly
Swear Affirm (check one) that:

1. I understand that during the course of my employment/engagement with Labrador-Grenfell Health, I may be granted access to information that is confidential, private and/or personal relating to clients, staff and/or the business of Labrador-Grenfell Health. I understand that such access will be gained only through appropriate authorization and be used only for the purposes for which the access was intended.
2. I understand that all confidential, private and/or personal information relating to clients, staff and/or the business of Labrador-Grenfell Health must be protected from unauthorized access to ensure maintenance of full confidentiality and privacy, in accordance with Labrador-Grenfell Health’s policies/procedures regarding the security of such information and legislative requirements.
3. I have read in their entirety and appreciate the contents of Labrador-Grenfell Health’s policies on privacy and confidentiality, including my responsibilities regarding the protection of Information obtained during the course of my employment with Labrador-Grenfell Health for the duration of my employment and beyond. These policies are accessible on Labrador-Grenfell Health’s Intranet or website at <http://www.lghealth.ca/>
4. I have read in their entirety, and appreciate the contents of, Labrador-Grenfell Health’s policies and procedures as they relate to the *Newfoundland and Labrador Personal Health Information Act (PHIA)* and regulations. I understand my role, obligation and duty to adhere to these requirements.
5. I will not access, use, disclose or allow access to information in any manner to any unauthorized person except as it is necessary to perform my duties, as I am authorized to do so by Labrador-Grenfell Health or by law. Any disclosure of information will only be the minimal amount required in the particular situation.

6. I understand that it is my responsibility to keep information to which I have access secure, in accordance Labrador-Grenfell Health's policies and procedures and legislative requirements.
7. I understand that if I have questions or concerns regarding access, disclosure or use of information, I am responsible for addressing these questions or concerns with my immediate supervisor/manager.
8. Should I breach the provisions of Labrador-Grenfell Health's policies regarding access, disclosure and use of client, staff or corporate information, cause a security breach which could lead to the improper use, disclosure or access of said information, or become aware of any breaches of privacy/confidentiality by another party, I understand that I must report it to my supervisor/manager immediately.
9. Should I unintentionally breach confidentiality, I understand that I may be required to participate in further privacy and security education; should I intentionally breach confidentiality, I understand that I will face disciplinary action, in accordance with the provisions of my collective agreement if applicable, up to and including dismissal or termination of my employment/engagement with Labrador-Grenfell Health. I understand that a record of this breach will be maintained by Labrador-Grenfell Health.
10. I understand that this Oath/Affirmation survives the termination of my employment/engagement with Labrador-Grenfell Health and that I may be also be fined and/or face professional body or civil penalties should I breach this Oath/Affirmation, even after my engagement/affiliation with the Authority has ended.
11. I understand that this Oath/Affirmation will be retained as part of my permanent file (i.e. personnel file) with Labrador-Grenfell Health.

Sworn Affirmed (check one) before me at _____ (town), in the Province of Newfoundland and Labrador this _____ day of _____, 20_____.

Person Swearing/Affirming (Print Name)

Signature

Witnessed by:

Notary/Commissioner (Print Name)

Signature/Stamp

LG Health #: P&A-9-020-1
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