

# HAILEYBURY FAMILY HEALTH TEAM

## Pledge of Confidentiality

I, \_\_\_\_\_, as an employee/student/contract worker

Name

of the Haileybury Family Health Team, in the course of carrying out my job responsibilities/placement/service, will be the recipient of confidential information relative to patients and the team. I have been informed and understand the requirements necessary to maintain confidentiality of patient and team-sensitive information. I agree that I will comply with the principles and practices outlined in the Privacy policy (HFHT-05) and keep all patient and team-related information in confidence and will not discuss or reveal such information inappropriately to others outside of the team. I understand that breach of this pledge constitutes grounds for disciplinary action including termination of employment/placement/service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date