



## **CONFIDENTIAL CLIENT INFORMATION**

The confidential client information policy applies to employees & students of the BAHX FHO and the West Champlain Family Health Team.

### ***Policy***

Information and records of all clients are confidential and shall not be discussed outside the work place.

### ***Procedure***

1. A declaration of Confidentiality will be signed by all employees and students.
2. All employees and students are responsible for ensuring the confidentiality of client information at all times.
3. A breach of confidence, will result in disciplinary action.
4. Employees and students must comply with the Personal Health Information Protection Act. If employees are unfamiliar with the Act the employer will provide. Employees and students can refer to [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_04p03\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm) in order to review the Act.



### **Confidentiality Agreement**

I acknowledge that I have read and understood the BAHX FHO & West Champlain Family Health Team's (WCFHT) policy and procedures on privacy, confidentiality and security.

I understand that:

- All confidential and/or personal health information that I have access to or learn through my employment or affiliation with the BAHX FHO & WCFHT offices are confidential;
- As a condition of my employment or affiliation with the BAHX FHO & WCFHT offices, I must comply with these policies and procedures, and;
- My failure to comply may result in the termination of my employment or affiliation with the BAHX FHO & WCFHT and may also result in legal action being taken against me by the BAHX FHO & WCFHT and others.

I agree that I will not access, use or disclose any confidential and/or personal health information that I learn of or possess because of my affiliation with the offices BAHX FHO & WCFHT, unless it is necessary for me to do so in order to perform my job responsibilities. I also understand that under no circumstances may confidential and/or personal health information be communicated either within or outside the BAHX FHO & WCFHT offices, except to other persons who are authorized by the physicians to receive such information.

I agree that I will not alter, destroy, copy, or interfere with this information, except with authorization and in accordance with the policies and procedures.

I agree to keep any computer access codes (passwords) confidential and secure. I will protect physical access devices (keys) and the confidentiality of any information being accessed.

I will not lend my access codes or devices to anyone, nor will I attempt to use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have the reason to believe that my access code or devices have been compromised or stolen, I will immediately contact the Administrative Lead.

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Name (Please Print)

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Signature

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Date

PUTTING PATIENTS FIRST