## ARNPRIOR REGIONAL HEALTH

## **Confidentiality, Access and Communication Agreement**

Arnprior Regional Health (ARH) is committed to individual privacy and the confidentiality and security of the corporate, personal information (PI) and personal health information (PHI) it holds.

## I understand that:

- All corporate and patient/resident personal health information that I have access to through my employment or affiliation with Arnprior Regional Health (the Corporation) is confidential (Confidential Information).
- I must not access, use or disclose any Confidential Information that I learn of or possess as a result of my employment or affiliation with the Corporation. The only exception to this rule is if I, as part of my job responsibilities, communicate this type of information to other persons as authorized by the Corporation or by law.

**Note**: Unless the law permits or requires otherwise, only <u>authorized</u> persons with a legitimate "need to know" as a result of their duties as an employee or affiliate of the Corporation and who provide or support patient/resident care may view a patient's/resident's health record in the Corporation's computerized system or a patient's/resident's chart.

- I must not alter, destroy, copy or interfere with Confidential Information, except in accordance with the policies and procedures of the Corporation and as permitted or required by law. I must not remove or electronically copy, transmit Confidential Information, either on a permanent or temporary basis, from the Corporation without specific authorization by the Corporation. Where authorized, I must transmit the Confidential Information only in a secure manner. In the event of theft, loss or unauthorized access to Confidential Information in my custody or control, I will immediately inform my supervisor at the Corporation.
- I must keep any computer, server, network and software access codes confidential and secure; I will not give my access codes to anyone, nor will I attempt to use those of others. If I have reason to believe that my access code(s) or those of the people who report to me have been compromised or stolen, I will immediately inform my supervisor at the Corporation.
- I will protect my Corporate access devices (e.g., photo ID badges, keys, alarm codes, etc.). If I have reason to believe that any of these devices has been lost, stolen or otherwise compromised, I will immediately inform my supervisor at the Corporation.

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NOTE: This is a CONTROLLED document. Any printed documents or documents saved to a platform other than the intranet portal are UNCONTROLLED and must be checked against the document on the intranet portal to ensure that the version you have is VALID.

- I will not use Corporate computers, telephones, faxes or any other communication device to store, view, post, transmit, or receive any information or data of an unlawful (including any form of fraud, hacking or software, film or music piracy), hateful, violent, harassing, offensive or pornographic nature.
- I will not use my Corporate email account for personal communication as all emails are legal documents of the Corporation.
- I will not use my personal email for Corporate communication. Email shall be sent and received only via the authorized email list provided by the Corporation.
- I will not use Corporate computers, telephones, faxes or any other communication device for personal use unless it is minimal use on non-Corporate time (e.g., breaks and lunches). I must not load instant messaging on Corporate computers and I may not access any internet sites that could interfere with the function of Corporate information systems (i.e., malicious sites). I will not use Corporate resources to further commercial activities unrelated to my duties at the Corporation.
- I have no expectation of privacy when using the Corporation's computers or other communication devices. I understand that the Corporation's information systems may be monitored and that <u>all</u> computer activity is recorded.
- If in order to perform my job duties I require software that is not currently on my computer, I will contact my supervisor for authorization for the new software. IT will either obtain a new licence or allocate a licence and the software to me. Under no circumstances will I load software onto any Corporate computer or shared drive.
- I agree to comply with policies and procedures related to privacy, confidentiality, security and communication as a condition of my employment or affiliation with the Corporation. I acknowledge that failure to comply may result in disciplinary action up to and including termination of my employment or affiliation with the Corporation, and may also result in legal action being taken against me by the Corporation and others.

I have read and I understand the Arnprior Regional Health Confidentiality, Access Devices and Communication agreement and the Email Use and Retention Policy. I will abide by the conditions outlined in this agreement. These conditions will remain in force even if I cease to be an employee of or cease my affiliation with, the Arnprior Regional Health.

Name:(Please print)	Signature:	Date:	
Witness			
Name:	Signature:	Date:	
(Please print)	•		

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