

# Confidentiality Oath

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1. I, \_\_\_\_\_ agree that I will faithfully discharge my duties as a physician/employee / volunteer / contracted service provider for \_\_\_\_\_, and will observe and comply with all policies and procedures of the clinic with respect to privacy, confidentiality, and security of health information
2. I further acknowledge specific information handling and security practices which include:
  - a. Information Handling and Security Procedures
  - b. Laptop Security
  - c. Wireless Networking / Remote Access Policies
3. Unless legally authorized to do so, I will not use or disclose health or business information (other than business card information) that comes to my knowledge or possession by reason of my affiliation with the clinic, including after I cease to be employed at the clinic.
4. I understand that a breach of this agreement may be just cause for the termination of my employment or affiliation with the clinic.
5. I am aware that the clinic has policies and procedures regarding the privacy, confidentiality, and security of health information, and I understand that it is my responsibility to be familiar with the requirements outlined in these policies and procedures. I understand that I am to review these policies and procedures at the time of hire, annually, if I change to a job position involving greater health information access or responsibility, or after an incident/breach at the clinic.
6. My use of the clinic's electronic medical record, Alberta Netcare, and other electronic applications may be monitored to ensure appropriate confidentiality and security. Audit and access logs will be checked by the clinic system administrator periodically and/or if a breach of security or privacy is suspected. Alberta Netcare audits user access regularly. A participating custodian and authorized affiliate may access and use information in Alberta Netcare when:
  - a. They are in a current care relationship with the individual who is the subject of the information;
  - b. They are providing health services to the individual either in the presence or absence of that individual;
  - c. Their access to the information is necessary for the provision of the health services or for making a determination for a related health service; and
  - d. The information is related to and necessary for the current session of care.
7. I understand that I can refer to the Clinic Privacy Officer, \_\_\_\_\_, for the details of these policies and any other information required for me to understand my obligations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date