

Confidentiality Agreement for Students

This agreement is between you and Alberta Health Services. By authorizing you will be subject to legally binding terms and conditions. Carefully read all of the terms and conditions set out below. Signing this agreement indicates your acceptance of the terms and conditions of this agreement and that you intend to be legally bound by them. If you do not agree with the terms and conditions, you are responsible for advising the AHS Information & Privacy Office.

WHEREAS

1. Alberta Health Services is a Custodian as defined in the Health Information Act, (“HIA”), and as a Public Body as defined in the Freedom of Information and Protection of Privacy Act, (“FOIP”), and as such is subject to both Acts.
2. The HIA defines an Affiliate of a Custodian as an employee, a health care provider with privileges, a volunteer, or those who provide services for a Custodian.

I AGREE THAT

3. I am an affiliate of Alberta Health Services (as defined in the HIA).
4. All Health Information (as defined in the HIA), all Personal Information (as defined in the FOIP, or any other privacy legislation in effect), that I collect, use, retain and/or disclose in my role as an Affiliate of Alberta Health Services is private and confidential.
5. It is my responsibility as an Affiliate of Alberta Health Services to know and follow relevant information, privacy and security policies in effect in Alberta Health Services.
6. I will take all reasonable steps to act in accordance with applicable Alberta Health Services policies, codes of conduct, bylaws, collective agreements, the HIA, the FOIP, and any other privacy legislation in effect and to keep private and confidential and prevent the unauthorized collection, use and/or disclosure all Health Information and/or Personal Information that I come into contact with in my role as an Affiliate of Alberta Health Services. Such steps include, without limitation, taking reasonable security precautions against such risks as unauthorized access, collection, use, disclosure, alteration or disposal.
7. If I knowingly collect, use and/or disclose Health Information or Personal Information in my role as an Affiliate of Alberta Health Services in contravention of Alberta Health Services policies, codes of conduct, bylaws, collective agreements, the HIA, the FOIP, and any other privacy legislation in effect, I may be subject to disciplinary action, termination, and/or guilty of an offence under the HIA, the FOIP, and any other privacy legislation in effect.
8. I am responsible to keep confidential all Health Information and Personal Information for as long as required by the HIA, the FOIP or other relevant privacy legislation in effect. I agree that the obligations of confidentiality shall survive the termination of this Agreement.
9. I agree to notify Alberta Health Services as soon as reasonably possible if I am aware of a breach of this agreement.

By signing below I accept the terms and conditions of this agreement and intend to be legally bound by them		
Participant Name <i>(Last name, first name)</i>	Participant Signature	Date <i>(yyyy-Mon-dd)</i>
Required if participant is 16 years of age or under		
Parent/Guardian Name <i>(Last name, first name)</i>	Parent/Guardian Signature	
If applicable		
Employee #	Site/Department	