

**PLEDGE OF CONFIDENTIALITY**

**Under section 5 of *The Health Information Protection Regulations, 2023***

I, \_\_\_\_\_ understand that as an employee or agent of \_\_\_\_\_ (the “Employer”), I may have to access personal health information of an individual, whether a patient of the Employer or otherwise, that is private and confidential.

1. I understand that:

“personal health information” means, with respect to an individual, whether living or deceased:

- (i) information with respect to the physical or mental health of the individual;
- (ii) information with respect to any health service provided to the individual;
- (iii) information with respect to the donation by the individual of any body part or any bodily substance of the individual or information derived from the testing or examination of a body part or bodily substance of the individual;
- (iv) information that is collected:
  - (A) in the course of providing health services to the individual; or
  - (B) incidentally to the provision of health services to the individual; or
- (v) registration information;

2. I acknowledge that:

- (a) I have been made aware of the Employer’s policies and procedures respecting the protection of personal health information; and
- (b) I am bound by the Employer’s policies and procedures mentioned in clause 2(a); and
- (c) I am aware of the consequences of breaching those policies and procedures which include possible disciplinary action up to and including termination of my employment and which may also result in me being reported to my professional regulatory body (if applicable).

3. I agree to protect any and all personal health information that I have access to in the course of my employment or agency with the Employer in accordance with the Employer's established policies and procedures respecting the protection of personal health information.

\_\_\_\_\_  
Witness to the Signature

\_\_\_\_\_  
Signature of Employee or Agent

\_\_\_\_\_  
Date