

APPENDIX A



Medical Centre - Employee/Agent Confidentiality Agreement

I understand that the personal/personal health information I am accessing and/or processing is of confidential nature, and that I am obligated to respect and safeguard any information to which I have access during my time at Seneca.

By signing this Agreement, I agree to the following:

- I confirm that I have read and understood Seneca's [Freedom of Information and Protection of Privacy Act Policy](#) and the [Personal Health Information Protection Statement](#).
- I agree that I will only access and use personal/personal health information for the purposes for which it was collected, and as necessary to perform my role at Seneca, or as required by law.
- I will only discuss confidential information with other authorized employees/agents in accordance with the above policies, and the ***Freedom of Information and Protection of Privacy Act***, and ***the Personal Health Information and Protection Act***.
- I understand that any unauthorized collection, use or disclosure of personal/personal health information would constitute a breach of the **Acts**, and would be in violation of this agreement.
- I understand that the obligation to protect privacy and maintain confidentiality as described above exists at any and all times, including after my affiliation with Seneca has ended.
- I understand that any breach of privacy or confidentiality may be subject to appropriate disciplinary action.

Full name of employee/agent (please print):

Signature: (employee/agent)

Date

Signature: (witness)

Date