



CONFIDENTIALITY AGREEMENT **Tillsonburg District Memorial Hospital**

All patients/clients under the care of Tillsonburg District Memorial Hospital (TDMH) and all employees and affiliates have a fundamental right to have their health/medical/personal information treated in confidence.

This statement confirms that I have read and understand the Confidentiality Policy for Tillsonburg District Memorial Hospital, Tillsonburg.

I commit to hold in confidence all information about patients, clients, and their families, team members and affiliates, as well as the confidential business information of the hospital, which comes to my attention while carrying out my duties as agreed within the hospital.

I commit to continue to respect and maintain the confidentiality of patients, clients and their families, and employees and affiliates of the hospital, as well as the confidential business information of the hospital even after my employment/affiliation with the hospital ends.

I understand that I may consult my Leader/Designate, Human Resources, or the Privacy Officer for details regarding this and related policies.

I understand that misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for disciplinary action up to and including termination of employment/contract or loss of appointment or affiliation with Tillsonburg District Memorial Hospital.

I have completed the TDMH Privacy Education Program

Printed Full Name _____

Position or Job Title: _____

Service Area: _____

Employee Student Volunteer Physician

Other: _____

Signature _____

Date (yyyy/mm/dd) _____

Note: Please return original signed form to Human Resources for filing