

Health PEI

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Prince Edward Island
Canada C1A 7N8

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Île-du-Prince-Édouard
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CONFIDENTIALITY & NON DISCLOSURE AGREEMENT

Health P.E.I. is responsible for the operation and delivery of publicly funded health services in Prince Edward Island and as part of this mandate has created several interdisciplinary committees and volunteer situations to ensure high quality patient-centered care within Health PEI programs and facilities, including representation for patients/residents/clients, family or the community on such committees. In order for the volunteer situations and committees to be effective, sometimes information of a personal, private or otherwise confidential nature may be shared with the committee members.

Each member of any such committee or volunteering situation is required by law to keep confidential all information encountered by them in the course of the committee's actions, and to protect the reputation of the committee, its members, and the privacy of any patient involved. Patient/resident/client, family or community members are required to sign and abide by this Confidentiality Agreement and Non Disclosure Undertaking, in order to participate in the activities of the committee or volunteering situation to which they have been appointed or to be appointed.

I, _____, of _____, Province of Prince Edward Island have been accepted as a Patient Family Partner and/or volunteer for the committee or volunteer role with (if known) _____, the term of my appointment (if known) commencing from _____ to _____.

I understand and agree that:

1. All information made known to me through the course of my involvement with Health PEI is sensitive and private in nature and I will keep all such information in strict confidence. I will retain all information obtained from and through my involvement with Health PEI in a confidential manner and will not copy, discuss, disclose, or permit to be disclosed any information provided to me by or on behalf of my involvement with Health PEI or any other confidential information unless such copying or disclosure is required or specifically authorized by Health PEI;
2. My obligation to preserve the confidentiality of all information I obtain through my involvement with Health PEI will not only be for my term of appointment or involvement but will continue indefinitely; and
3. If I breach my obligation to preserve the confidentiality of the information, I will be immediately be terminated from the committee and/or volunteering situation with Health PEI

SIGNED BY ME and witnessed this _____ day of _____, 2024

Signature of Applicant

WITNESSED BY:

Signature of Witness

Print Name of Witness