

PLEDGE OF CONFIDENTIALITY AND SAFEGUARDING INFORMATION

I pledge to keep confidential and safe any information accessed or obtained during the performance of my job duties with Health PEI, whether as an employee, student, contractor or volunteer. I understand that confidential information includes but is not limited to the following types of information in any format (written, electronic, verbal, etc.):

- **Personal health information** about patients/clients/residents, such as health records, health card number, registration information, etc.;
- **Personal information** about Health PEI employees and other associates, such as employee records, disciplinary action, etc.;
- **Health PEI business information**, such as contracts, reports, memos, meeting minutes or notes, meeting invitations or links, audio/video recordings, etc.

I understand that confidential information is protected by various laws on Prince Edward Island, including but not limited to the *Health Information Act* and *Freedom of Information and Protection of Privacy Act*. I will read and comply with Health PEI's policies on privacy, confidentiality, records management and security of confidential information. If I require help in retrieving or understanding these policies, I will seek help from my supervisor/manager, the Access to Information and Privacy (ATIP) Team (healthprivacy@ihis.org) or the Records & Information Management (RIM) Team (healthpeiRIM@ihis.org).

I also understand and agree that:

- ☐ I will collect, access, use and disclose confidential information on a "need to know basis" only, and only the minimum amount required, as required for my job duties or as required by law.
- ☐ I will not communicate confidential information either within or outside of Health PEI, except to persons authorized to receive such information.
- ☐ I will not access the confidential information of family, friends, co-workers or any other individual, unless they are under my direct care or as required as part of my official duties at Health PEI. I understand that accessing confidential information without a need to know, even if the information is not disclosed to anyone else, is a privacy breach.
- ☐ I will not inappropriately use or disclose confidential information observed or learned through the course of my work duties.
- ☐ I will access my own personal health information in the custody or control of Health PEI through the method approved for patients/clients/residents in the *Access, Disclosure and Correction of PHI Protocol*.
- ☐ I will not share my passwords to electronic information systems with anyone and I am responsible for protecting them. I may be held responsible for actions performed in electronic information system by someone else using my username and password.
- ☐ I will access, process and transmit confidential information using only authorized hardware, software or other authorized equipment.
- ☐ I will not remove confidential information from Health PEI premises except as authorized. If transporting confidential information, I will securely store the information and ensure it is in my custody and control at all times.
- ☐ I will not alter, destroy or copy confidential information, except with authorization and in accordance with Health PEI Records & Information Management (RIM) policies, procedures and retention and disposition schedules.

- ☐ I will seek guidance and authorization from the Health PEI RIM Team prior to the destruction of any records.
- ☐ I will immediately report any and all incidents involving loss, theft or unauthorized access to or disclosure of confidential information to my immediate supervisor and record the incident in the Provincial Safety Management System (PSMS).
- ☐ I understand that Health PEI conducts regular audits to ensure confidential information is protected against unauthorized access, use, disclosure, copying, modification or disposal.
- ☐ I understand that any records containing Health PEI business information, including emails and personal meeting notes, may be subject to public release through an access to information request approved by the Chief Executive Officer. I will create records with professionalism, using **only** email accounts, software and other technology provided or approved by Health PEI.

I further understand any breach of my duty to maintain confidentiality may result in corrective action, up to and including significant disciplinary action. Action taken may include, but are not limited to: retraining, loss of access to systems, suspension, reporting my conduct to a professional regulatory body or sponsoring agency, restriction or revocation of privileges, fines or penalties issued under legislation and/or termination of my employment.

I understand and agree to abide by the conditions outlined in this agreement and understand that these conditions and expectations will remain in force even if I cease to be employed by or have an association with Health PEI.

Employee Name (please print):

Employee ID Number:

Employee Signature:

Date:

Employer Representative Signature:

Date:

Digitally signed pledges should be emailed to your supervisor, who will then forward them to HR for inclusion in your personnel file.

Revised March 2024