

## CONFIDENTIALITY and NON-DISCLOSURE OF INFORMATION UNDERTAKING

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 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 such 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 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 and Non-Disclosure Undertaking, in order to participate in the activities of the committee to which they have been appointed.

I, \_\_\_\_\_, of \_\_\_\_\_, Province of  
*(print/type name of Representative)* *(insert address of Representative)*

Prince Edward Island, have been appointed to the \_\_\_\_\_  
*(insert name of committee)*

(the "Committee"), the term of my appointment being from \_\_\_\_\_ to \_\_\_\_\_.  
*(insert start date of term)* *(insert end date of term)*

### **I understand and agree that:**

1. All information made known to me through the course of my involvement with the Committee is sensitive and private and I will keep all such information in strict confidence. I will retain all information obtained from and through the Committee 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 the Committee, or any other confidential information unless such copying or disclosure is required or specifically authorized by the Committee;
2. My obligation to preserve the confidentiality of all information I obtain through my participation with the Committee will not only be for my term of appointment to the Committee but will continue indefinitely; and
3. If I breach my obligation to preserve the confidentiality of the information, I will be immediately terminated from the Committee.

**SIGNED BY ME and witnessed** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_:

\_\_\_\_\_  
Signature of Representative

### **WITNESSED BY:**

\_\_\_\_\_  
Signature of Health PEI representative witnessing Representative signing  
Print Name of witness:  
Title: