

CONFIDENTIALITY AGREEMENT for ACCESSING INFORMATION BY NON-HOSPITAL INDIVIDUALS

I acknowledge that I have read and understand the basic rules of confidentiality, and that it is my responsibility to comply with the hospital policies referred to in statement #2 of the basic rules of confidentiality.

I understand that:

- all confidential information including administrative, financial, employee, and/or personal health information that I have access to or learn through my affiliation with the hospitals is confidential,
- as a condition of my affiliation with the hospitals, I must comply with these policies and procedures, and
- my failure to comply may result in the termination of my affiliation with the hospitals, and I will be reported to my sponsoring researcher and firm. A breach may also result in legal action being taken against me by the hospitals and others.

I agree that I will not access, use or disclose any confidential and/or personal health information that I learn of or possess because of my affiliation with the hospitals, unless it is specifically authorized by the patient to do so as part of the research protocol and as approved by the REB. I also understand that under no circumstances may confidential and/or personal health information be communicated either within or outside of the hospitals, except to other persons who are authorized by the hospitals to receive such information.

I agree that I will not alter, destroy, copy, print or interfere with this information, except with authorization and in accordance with approved research protocol.

I agree to keep any computer access codes (for example, passwords) confidential and secure. I will protect physical access devices (for example, keys and badges) and the confidentiality of any information being accessed. When leaving a workstation, I will log off the system so that others cannot access confidential information under my access code.

If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact the hospital's Privacy Office by phone, (613) 549-6666 ext. 2567, or by email at privacy@kgh.kari.net.

External Reviewer:

Name (please print) Signature Date

Hospital-based Corporate Sponsor: (witness)

Name (please print) Signature Date