

## 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/or 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, scan, photograph or interfere with this information, except with authorization and in accordance with the 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](mailto:privacy@kgh.kari.net).

External Reviewer:

_____	_____	_____	_____
Name (please print)	Signature	Date	yyyy/mm/dd

Hospital-based Corporate Sponsor: (witness)

_____	_____	_____	_____
Name (please print)	Signature	Date	yyyy/mm/dd