



NL Health Services

Newfoundland and Labrador Health Services

OATH/AFFIRMATION OF CONFIDENTIALITY

This Oath/Affirmation of Confidentiality encompasses confidential and/or private, and/or personal information, and/or personal health information concerning patients, clients, residents, staff, and/or the business (“the **Information**”) of Newfoundland and Labrador Health Services (“**NL Health Services**”). As an employee, physician, student, volunteer, trustee, or any other affiliated individual engaged by NL Health Services (the “**Affiliation**”), I may be granted access to the Information. Through my Affiliation, access to Information will be gained through appropriate authorization and shall be used only for the purpose for which it was granted. I recognize that during my Affiliation with NL Health Services, I may also inadvertently gain access to Information. All Information must be protected to ensure maintenance of full confidentiality and privacy.

In consideration of my Affiliation with NL Health Services:

I, _____, of _____ solemnly
(Print name) (City/Town, Province of residence)

swear or affirm the following:

1. I will comply with all obligations imposed under applicable privacy laws, including the *Personal Health Information Act* SNL 2008 c. P-7.01 (“**PHIA**”) and the *Access to Information and Protection of Privacy Act, 2015*, SNL 2016 c. A-1.2 (“**ATIPPA**”) and their respective Regulations as such apply to the collection, use, copying, modification, disclosure, storage, retention, disposition and transfer of Information (collectively, the “**Privacy Legislation**”).
2. I understand this Oath/Affirmation survives my Affiliation with NL Health Services and that a person who intentionally makes a false affirmation is guilty of an offence and liable on summary conviction to the punishment that that person would have been liable to if he or she had been convicted of the crime of perjury.
3. I have read in its entirety and understand NL Health Services’ Policy on Privacy and Confidentiality, including responsibilities regarding protection of Information obtained during and after the course of my Affiliation with NL Health Services.
4. I understand that, should I breach this Oath/Affirmation or NL Health Services’ applicable policies on Privacy and Confidentiality, I am liable for disciplinary action, up to and including termination of the Affiliation for cause in NL Health Services’ sole discretion.
5. I will not at any time access or disclose any Information except that which may be required

in the course of the duties and responsibilities associated with my Affiliation with NL Health Services or required by law, and then, any access or disclosure of Information will only be the minimal amount required in the particular situation. Further, I acknowledge and agree that any Information obtained during my Affiliation shall not be divulged upon or after termination (for any reason) of my Affiliation, except as authorized or required by law.

6. In particular, I will:
- (a) comply with the requirements of the Privacy Legislation and any other applicable law to protect the confidentiality of Information about individuals and the general privacy of the individuals who are the subject of that Information;
 - (b) protect the confidentiality of the Information that is in the custody or control of the NL Health Services and the privacy of any individual who is the subject of that Information; and,
 - (c) provide for the secure collection, storage, transfer, copying, modification, use and disposal of Information to minimize the risk of unauthorized access to or disclosure of the Information.
7. I will immediately report any breaches or suspected breaches of privacy and/or confidentiality to my immediate manager.
8. I understand that this Oath/Affirmation of Confidentiality shall be retained as part of my personnel/service file.

Sworn or affirmed at _____, this _____ day of _____, 20____, before me:

Signature

Signature of Commissioner for
Oaths/Notary Public

Print Name

Print Name of Commissioner for
Oaths/Notary Public

Employee Number

Please tick one of the following to indicate your affiliation with NL Health Services:

- Employee Physician Student Volunteer Trustee Other