

ACKNOWLEDGEMENT OF CONFIDENTIALITY RESPONSIBILITIES

I acknowledge that as a(n), Employee, Student or Volunteer of the Middlesex-London Health Unit, I may have access to or need to collect, use, store and/or share Personal Information₁ and/or Personal Health Information₂ that may be of a confidential nature. I understand that I have a professional and/or ethical obligation to take all necessary steps to ensure that this information is kept in a secure, confidential manner and safeguarded from disclosure to anyone other than those who are permitted to have access to such information.

I understand it is my responsibility to:

- Familiarize myself with the Middlesex-London Health Unit confidentiality and related policies and procedures; and
- Comply with all the requirements of the Middlesex-London Health Unit with respect to confidentiality and privacy; and
- Seek guidance from my Manager and/or the Health Unit Privacy Officer if I need assistance in or are unsure of information handling practices; and
- Disclose to my Manager any instances where a breach of confidentiality has or may have occurred.

Given that a breach of this agreement by me may have negative consequences to the client, other individuals, and/or MLHU, I understand that a breach of my obligations of confidentiality may result in disciplinary action.

Signature

Signature of Witness

Name (Please PRINT)

Name of Witness (Please PRINT)

Date

Date

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1. **“Personal Information”** means recorded information about an identifiable individual, including,
- a) information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual,
 - b) information relating to the education or the medical, psychiatric, psychological, criminal or employment history of the individual or information relating to financial transactions in which the individual has been involved,
 - c) any identifying number, symbol or other particular assigned to the individual,

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- d) the address, telephone number, fingerprints or blood type of the individual,
- e) the personal opinions or views of the individual except if they relate to another individual,
- f) correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence,
- g) the views or opinions of another individual about the individual, and
- h) the individual's name if it appears with other personal information relating to the individual or where the disclosure of the name would reveal other personal information about the individual [s. 2(1), *MFIPPA*].
- i) personal information does not include information about an individual who has been dead for more than thirty years [s. 2 (2), *MFIPPA*].
- j) personal information does not include the name, title, contact information or designation of an individual that identifies the individual in a business, professional or official capacity [s. 13 (3), *MFIPPA*].

2. **“Personal Health Information”** means information that identifies an individual or for which is reasonably foreseeable in the circumstances that could be utilized, either alone or with information, to identify an individual, whether is oral or recorded form. if the information:

- a) relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family;
- b) relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual;
- c) relates to payments or eligibility for health care, or eligibility for coverage for health care, in respect of the individual;
- d) is the individual's health number; or
- e) identifies an individual's substitute decision-maker [ss. 4 (1) and(2)].