



# ST. CLAIR

C O L L E G E

## CONFIDENTIALITY AGREEMENT

Sensitive information is shared between professional associates where that sensitive information should not be made available to the general public or to the patient. A Confidentiality Agreement is to protect those parties from any harm that might result from the intentional or accidental release of that confidential information.

Confidential information would include all information that is provided by the educational program to the student that is not common knowledge or already in the public domain.

This Confidentiality Agreement will be tailored to the laws of the Province of Ontario.

### Agreement:

1. Students will comply with any relevant legislation with respect to the collection, use and disclosure of personal information as defined by the *Freedom of Information and Privacy Act* and personal health information as defined by the *Personal Health Information Protection Act*.
2. It is the responsibility of all healthcare employees/students to ensure that confidentiality and security of information pertaining to patients, services, and other operations of the employer is handled in a professional, discreet manner according to established policies, procedures, and applicable legislation.
3. Any breach of privacy, confidentiality or security of the Hospital's confidential information by the student may result in immediate removal from the educational program.

### Notice of Breach:

**The student shall be notified immediately upon discovery of any unauthorized use or disclosure of confidential information by St. Clair College personnel to regain possession of confidential information and prevent its further unauthorized use.**

4. Details of regulations governing confidential information should be available to new students in Departmental Manuals.

The student acknowledges and warrants that he or she has read all parts of this agreement and fully understands its terms.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Ontario.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Witness