

I, _____ acknowledge that, I have been made aware of the confidential nature of information concerning clients and Centre for Behavioural Studies personnel.

I understand that, while performing my duties for, or providing services to, the Centre, I may have access to Confidential Information and Personal Health Information of the agency's clients and staff. This information is highly sensitive and confidential. It is necessary to protect Personal Health Information from unauthorized access, use, modification, disclosure, or destruction. As an "agent" of the Centre for Behavioural Studies, under the Personal Health Information Protection Act, I have a legal obligation to protect Personal Health Information by agreeing that:

- All confidential and/or personal health information that I have access to or learn through my affiliation with the Centre for Behavioural Studies is confidential.
- As a condition of my affiliation with the Centre for Behavioural Studies, I must comply with the policies and procedures on privacy.
- My failure to comply may result in the termination of my affiliation with the Centre for Behavioural Studies and may also result in legal action being taken against me, and the agency to which I am employed, by the Centre for Behavioural Studies and any others impacted by non-compliance.
- 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 Centre for Behavioural Studies, unless it is necessary for me to do so in order to perform my job responsibilities. I also understand that, under no circumstances, may confidential and/or personal health information be communicated, either within or outside of the Centre for Behavioural Studies, except to other persons who are authorized by the Centre for Behavioural Studies to receive such information.
- If I see any person who may be accessing services at the Centre for Behavioural Studies, I will not divulge this information to anyone.
- I will not alter, destroy, copy or interfere with information, except with authorization and in accordance with the policies and procedures on privacy.
- I will keep any computer access codes, if applicable (i.e. passwords) confidential and secure. I will protect physical access devices (i.e. keys, and access cards) and the confidentiality of any information being accessed.
- I will not lend my access codes or devices to anyone, nor will I attempt to use those of others. I understand that access codes come with legal responsibilities and that I am accountable for all work done under these codes. If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact the Centre for Behavioural Studies.

I certify that I have read and understood the Confidentiality Agreement Statement printed above.

Name (Please Print)

Role

Date

Name (Please Print)

Person with Signing Authority for CBS

Date