LEARNER CONFIDENTIALITY AGREEMENT / PLEDGE OF CONFIDENTIALITY

I pledge to maintain the confidentiality of all information obtained during my placement at IWK Health.

Confidential information includes, but is not limited to:

- Patient Information: health records, conversations, registration details, financial history
- Employee/Learner/Associate Information: records, evaluations, disciplinary actions
- Organizational/Business Information: contracts, memos, quality reviews, internal communications

Responsibilities

I understand that all confidential information must be protected at all times, whether electronic or paper. Discussions about patient or business information must not occur in public areas or with unauthorized individuals. Only individuals with formal approval and personal access codes may access IWK systems. Access codes must not be shared.

1. Access, use, and disclose confidential information only on a need-to-know basis.

2. Protect all system passwords and confidential information.

3. Not access information about family, friends, co-workers, or myself unless authorized.

4. Not copy, alter, remove, or destroy confidential information unless authorized.

5. Immediately report unauthorized access, loss, or misuse of information.

6. Comply with all IWK policies on privacy, confidentiality, and security of information.

Consequences of Breach

I understand that any breach or misuse of confidential information, including unauthorized access or password misuse, may result in retraining, loss of system access, termination of placement, notification to my educational institution or regulatory body, or other actions required by law. These obligations continue after my placement ends.

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Status: ☐ Student ☐ Employee ☐ Volunteer ☐ Other Information: _____

Name (PRINT): _____

Signature: _____

Date: _____