



Confidentiality Agreement for Physician Office Employees

The BC Personal Information Protection Act (PIPA) legally governs personal information collected, used, stored, and disclosed by this medical practice. As such, you are required to acknowledge each term of this agreement:

- I am aware that personal information of both patients and employees that is collected, used, stored, and disclosed, that comes to my attention as a result of my employment with this medical practice, must be kept confidential and secure as per PIPA and the office’s policies, both during and after my term of employment.
- I understand and agree that it is my responsibility to be familiar with the practice’s policies and procedures regarding privacy, confidentiality and security of personal information and that I am expected to comply.
- I will access and use personal information of patients only on a “need to know” basis as it pertains to my role and responsibilities.
- I will only share personal information with individuals who need to know and who are also involved in providing health care services to the patient.
- I will strive to keep patient personal information accurate and up-to-date.
- I understand that I cannot access my own personal information or that of family, friends, or co-workers unless they are under my direct care or if I need to do so as part of my official duties and responsibilities with the practice.
- Should I have reason to believe that a privacy breach has occurred, I will notify the individual responsible for privacy in the office.
- I hereby acknowledge that failure to comply with these terms can lead to disciplinary action, which may include termination of access, termination of employment, withdrawal of privileges, termination of contract, and/or professional sanctions.

Employee Print Name: _____
 Signature: _____
 Date (dd/mm/yyyy): _____

Medical Practice or Physician Print Name: _____

Privacy Officer Witness Print Name: _____
 Signature: _____
 Date (dd/mm/yyyy): _____