

An Oath (Affirmation) Respecting the Confidentiality and Protection of Sensitive Information

The Newfoundland and Labrador Centre for Health Information (the "Centre") is entrusted with personal health information of individuals in the Province of Newfoundland and Labrador and maintains personal information on employees and contractors, as well as sensitive corporate information. For the purposes of this Oath, Sensitive Information means "personal information, personal health information and all other information collected, encountered, or created by anyone at the Centre in the course of their duties unless otherwise determined by the Centre".

The Centre is obligated by legislation and ethical practices to maintain the strict confidentiality of all Sensitive Information in its custody and control, and to ensure that it is protected by physical, administrative and technical safeguards. These obligations apply to Sensitive Information in all formats, including oral, written and electronic formats; moreover, these safeguards must protect all manners of handling Sensitive Information, including collection, use, disclosure, access, storage, transfer, copying, modification and disposition.

All Centre employees, contractors, volunteers, students and agents are responsible for ensuring the confidentiality and protection of Sensitive Information in the custody or control of the Centre.

I, _____, do hereby swear/affirm the following:
(Print Name)

1. I understand that it is my responsibility to ensure the confidentiality and protection of Sensitive Information in the custody or control of the Centre.
2. I will only handle Sensitive Information as it is necessary to perform my duties, and as I am authorized to do so by the Centre.
3. I will remain aware of, and ensure compliance with, all requirements respecting the confidentiality and protection of Sensitive Information in the custody or control of the Centre. Sources of these requirements include, but shall not be limited to legislation, such as the *Access to Information and Protection of Privacy Act*, the *Personal Health Information Act* and the *Centre for Health Information Act*, as well as the Centre's policies/procedures.
4. If I suspect a violation of the Centre's policy respecting the confidentiality or protection of Sensitive Information, I will report the violation in accordance with the Centre's policy/procedure.
5. If I suspect an incident which has lead to, or could lead to, the compromise of the confidentiality or protection of Sensitive Information in the custody or control of the Centre, I will report the incident in accordance with the Centre's policy/procedure.
6. If I have questions or concerns respecting the confidentiality or protection of Sensitive Information in the custody or control of the Centre, I will address such questions or concerns with my immediate supervisor or a staff member that has been appointed to address such questions or concerns.
7. I understand that this Oath/Affirmation survives termination of my employment/engagement with the Centre.
8. I understand that this Oath/Affirmation will be retained as part of my personnel file.
9. I understand that if I violate any condition(s) of this Oath it can result in the immediate termination of my employment/engagement with the Centre without recourse.

Sworn/affirmed at _____, this _____ day of _____, 20__.

Signature: _____ Witness _____