

PLEDGE OF CONFIDENTIALITY

I, the undersigned, have read and understand the content of the WRHA and Shared Health policy on Confidentiality.

In consideration of my employment/contract/association with the WRHA and/or Shared Health, and as an integral part of the terms and conditions of my employment/contract/association, I hereby agree that I will not at any time, during my employment/contract/association, divulge to any person/s within or outside WRHA and/or Shared Health, any confidential information except as may be required in the course of duties and responsibilities and in accordance with Corporate or Departmental policy governing proper release of information. This includes confidential and/or private information concerning either patients, staff or the business of the WRHA and/or Shared Health which may come to my knowledge or attention in the course of my employment/contract/association.

I understand that the provision outlined in the above paragraph will survive the termination of my employment/contract/association with the WRHA and/or Shared Health.

I also understand that unauthorized disclosure of such information may result in immediate termination of employment/contract/association.

DATE SIGNED

SIGNATURE