

Confidentiality Agreement For Contractors/Vendors

I _____, as a contractor/vendor for Southern Health-Santé Sud, agree to the following terms and conditions relating to receipt of any confidential and proprietary information:

1. To keep CONFIDENTIAL and not disclose any confidential, proprietary, personal or personal health information that I may access while working with Southern Health-Santé Sud to any other individual, including without limitation, employees within my organization, my supervisor, my employer and individuals external to my organization, without Southern Health-Santé Sud written permission, except to those individuals that are specifically listed by Southern Health-Santé Sud as able to receive the confidential information or those employees within my organization who need to know the information in order to effectively carry out their duties.
2. That information that is considered confidential, proprietary, personal or personal health information may take many forms, including but is not limited to Southern Health-Santé Sud's network, database, plans, reports, proposals, agreements, organizational documents, studies, forecast, descriptions, market analyses, financial projections, recommendations, negotiating strategies and positions, due diligence review and reports, pricing information, requests for quotation, proposal or tenders and responses thereto and other similar information and materials that may become accessible to me as a contractor/vendor.
3. That this Confidentiality Agreement does not apply to information which I am aware of prior to working with Southern Health-Santé Sud, or information in the public domain, or any information disclosed to me by a person (other than a Southern Health-Santé Sud employee or representative) not bound by any confidentiality obligations with respect to such information.
4. Should accidental access to personal and/or personal health information occur, the contractor/vendor agrees to strictly adhere to the purposes and provisions of the *Personal Health Information Act* (PHIA) and *Freedom and Protection of Privacy Act* (FIPPA) to hold the personal and/or personal health information in the strictest of confidence and protect against such risks as unauthorized access, use, disclosure, destruction, or alteration.
5. That I will continue to honour my obligations under this Agreement throughout the duration of my contract with Southern Health-Santé Sud and at all times thereafter.

IN WITNESS WHEREOF, this Confidentiality Agreement has been entered into on the date set forth below:

Name Printed: _____

Title: _____

Contractor/vendor: _____

E-mail: _____

Phone Number: _____

Signature: _____

Date: _____

Witnessed by: _____