



Personal Health Information Declaration of Confidentiality

I, the undersigned, have read and understand the Southern Health-Santé Sud policy on confidentiality of personal health information as described in the Confidentiality Policy which is in accordance with *The Personal Health Information Act* (Manitoba).

I also acknowledge that I am aware of and understand the Corporate Policies of Southern Health-Santé Sud regarding the security of personal health information including the policies relating to the use, collection, disclosure, storage and destruction of personal health information.

In consideration of my employment or association with Southern Health-Santé Sud, and as an integral part of the terms and conditions of my employment or association, I hereby agree, declare and undertake that I will not at any time, during my employment or association with Southern Health-Santé Sud, or after my employment or association ends, access or use personal health information, or reveal or disclose to any persons within or outside Southern Health-Santé Sud, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable Legislation, and Corporate and departmental policies governing proper release of information.

I understand that my obligations outlined above will continue after my employment/ contract/ association/ appointment with Southern Health-Santé Sud ends.

I further understand that my obligations concerning the protection of the confidentiality of personal health information relate to all personal health information whether I acquired the information through my employment/contract/association/appointment with Southern Health-Santé Sud or within any of the healthcare facilities within Southern Health-Santé Sud.

I also understand that unauthorized use or disclosure of such information may result in a disciplinary action up to and including termination of employment/contract/association/appointment, the imposition of fines pursuant to *The Personal Health Information Act*, and where applicable, a report to my professional regulatory body.

I have read and understand the contents of the Southern Health-Santé Sud Personal Health Information Confidentiality Policy and the consequences of a breach.

This declaration was made by: _____
Position held and Location (Facility/Office)

Signature: _____ Date:

D	D	M	M	M	Y	Y	Y

I have provided the applicable PHIA education as it relates to the Confidentiality Policy and explained the consequences of a breach with the above named.

Witness Signature

Print Name and Title of Witness