

Alberta Health Services (AHS) is responsible for protecting the confidentiality of information that it collects, uses, stores and discloses over the course of its operations. You will have access to AHS information as part of your duties and responsibilities related to your role at AHS. This document describes how you, when acting as an AHS Affiliate (defined under the Health Information Act), must handle AHS information, including AHS information systems, and will help you comply with relevant AHS policies. (Refer to Information and Technology Management policies on <https://www.albertahealthservices.ca/about/Page210.aspx>)

This form is to be completed by all employees, Medical Staff, residents/trainees, volunteers, researchers, students, educators, Board Members and midwives. Completion by all members of the Medical Staff is a prerequisite for medical staff appointment.

Completed forms will be retained in the appropriate corresponding program files. Managers/Supervisors are to send forms for AHS employees to Human Resources by fax to 1-888-908-4408 or email at hrdataadmin.ahs@albertahealthservices.ca.

For members of the AHS Medical Staff, please forward this signed form to their primary zone's Medical Affairs Office after completing the required AHS Privacy and Security Training. It will be retained on file in compliance with Medical Staff Bylaws.

Completed forms received by AHS are considered the legal record; all other copies can be securely destroyed.

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|--|-------|--|----------------|
| Last Name | | First Name | Middle Initial |
| Job Title (e.g. Physician, Analyst, Nurse, etc) | | Identification # (For physicians-CPA #) | |
| Phone | Email | | |
| Role (submit your form to the office identified in brackets) | | | |
| <input type="checkbox"/> Employee of AHS/subsidiary (Manager/Supervisor) | | <input type="checkbox"/> Volunteer (Volunteer Resources Coordinator) | |
| <input type="checkbox"/> Medical Staff, Medical Students, Residents/ Trainees (Zone Medical Office) | | <input type="checkbox"/> Researcher (Repository Owner) | |
| Indicate Primary Zone _____ | | <input type="checkbox"/> Student or Educator (Educational Institution Liaison) | |
| <input type="checkbox"/> Midwives (Provincial Midwifery Administrative Office) | | <input type="checkbox"/> Job Shadow (Student Engagement) | |
| <input type="checkbox"/> Board Member (Board Office) | | | |

It is required that you read and understand the above referenced policies and treat patient, personal or other AHS information as confidential. Confidentiality of information is governed by both AHS policy, provincial, and federal law.

You must sign this Agreement before AHS will grant access to AHS information or to an AHS owned or operated electronic system ("AHS System"). This Agreement explains the rules and expectations related to securing and protecting AHS information and systems. You may be required to comply with additional terms and conditions before accessing specific AHS Systems.

Agreement

Appropriate Collection, Use and Disclosure of Information

1. I shall only collect, access, use and disclose the minimum information necessary for the purpose of fulfilling my duties and responsibilities related to my role at AHS ("AHS Responsibilities").
2. I will not access information except as necessary for my AHS Responsibilities. I will not otherwise access information, including my own health information, or the information pertaining to: a family member, friend, colleague, or anyone who is not within my scope of my AHS Responsibilities. There are other procedures in place (including in Health Information Management) which would allow me or others to appropriately request access to health information.
3. I shall ensure that information I enter into an AHS System is complete and accurate to the best of my ability.

Agreement continued
Appropriate Collection, Use and Disclosure of Information (cont'd)

4. I shall dispose of any information I access from an AHS System (whether in electronic or paper form) in a secure manner as explained in AHS policies and procedures.
5. I shall use reasonable means to ensure that while I am accessing information on an AHS System it will not be viewed or obtained by unauthorized people (e.g. secure my computer, be discreet when viewing data).
6. I understand that AHS retains custody and control over all information contained in an AHS System as well as information in paper form.
7. I shall not collect, use, transmit or disclose any AHS information except as allowed by AHS policies and procedures.

System Security

8. I will keep any AHS System login information, such as my user password, confidential and will not share this login information with anyone else.
9. I am responsible for any use of any AHS System performed under my login information.
10. I will not leave my workstation unattended without logging out or securing my workstation or application.
11. I will not use or obtain another person's login information.
12. If I believe my login information may be known by another person I will immediately change my password and notify the AHS Information Risk Management Office.
13. I shall not download or install any application or program to an AHS System without the approval of the administrator for that particular AHS System.

Confidentiality Provisions

14. I shall take reasonable actions to keep all AHS information private and confidential and prevent the unauthorized collection, use and/or disclosure of all AHS information that I come into contact with.
15. I accept that the obligation to keep AHS information confidential continues even after my AHS responsibilities end.
16. If I become aware of a violation of a policy referenced above or a potential or actual breach of confidentiality, I will notify my Supervisor immediately. I will also notify the AHS Information & Privacy Office or Information Risk Management as soon as possible.

Audit and Sanctions

17. I understand and acknowledge that AHS monitors access to AHS Systems and that my personal information collected to grant access (e.g., full name, date of birth, home address, role) may be used and disclosed without notice to audit and investigate my access.
18. I understand that AHS, in its sole discretion, may revoke or restrict my access to any AHS information or AHS System for any reason, with reference to AHS Policies, Bylaws or Agreements.
19. I acknowledge that I have read the policies referenced above and understand the consequences for a violation of those policies and/or this Agreement.

I accept the rules and expectations described in this agreement:

| Name (<i>print</i>) | Signature | Date (<i>dd-Mon-yyyy</i>) |
|-----------------------|-----------|-----------------------------|
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