

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

In the course of my association with Vitalité Health Network, I have or will have access to information and documents of a private and confidential nature.

I therefore agree to:

1. Follow the policies that relate to confidentiality and the protection of personal information, including personal health information;
2. Treat all administrative and financial documents and documents related to patients, clients or employees and all other documents as confidential information and to protect them to ensure they remain totally confidential;
3. Respect the privacy and dignity of patients, clients, employees and all others;
4. Not repeat, disclose or confirm, unless there is a legitimate reason to do so related to my association with the Network, any information concerning patients, clients or employees, including:
 - The nature, causes and treatment of an illness;
 - Any information disclosed describing an illness;
 - The reactions and behaviour of patients, clients or employees;
 - The financial situation of patients, clients or employees, their private life or any other personal information;
 - All documents generated during treatments and interactions;
 - Any information leading to patients, clients or employees being identified.
5. Avoid any inappropriate access to, or any inappropriate use or disclosure of, confidential information;
6. Only access the information needed to carry out my duties;
7. Only access information concerning my own health through the Health Records Department or the designated holder of my information;
8. Protect my username and password and not share these;
9. Only consult, process and transmit confidential information using computer hardware, software and other equipment that is authorized;
10. Avoid disclosing data/information to a third party or giving a third party access to data/information unless I am authorized to do so.

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I understand that:

1. **Vitalité Health Network** will conduct periodic checks to ensure compliance with this agreement as well as with the Network's policies and with privacy legislation;
2. If I am entitled to have inter-zone electronic access, the same agreement conditions remain in effect for all such access;
3. I must respect the conditions set out in this Confidentiality and Non-Disclosure Agreement and guarantee that these conditions will remain in effect even if my association with Vitalité Health Network ceases;
4. I am subject to measures, in accordance with the By-Laws of Vitalité Health Network, should any violation of this agreement occur, including negligence with respect to the aforementioned responsibilities and any other reasonable measure that I must take in the course of my duties on the Board of Directors of Vitalité Health Network.

By signing, I confirm that I have read and understood this Confidentiality and Non-Disclosure Agreement as well as the Board's Protection of Confidential Information (Confidentiality) policy.

Name (print)

Signature

Date

Witness's name (print)

Witness's signature

Date