



## Appendix A

### Employee Confidentiality Agreement

#### Privacy of Personal Health Information

The Drug Information System (DIS) Program of the Department of Health and Wellness (DHW) along with *<Name of User Organization>* are committed to the protection of the privacy of patients' personal health information. All *<Name of User Organization>* users authorized to access the DIS are responsible for protecting the confidentiality of all patients' personal health information that is collected, used, disclosed, retained or disposed in the course of his/her work or association with the *<Name of User Organization>*. Authorized users of *<Name of User Organization>* are therefore required to sign this pledge of confidentiality:

#### Pledge of Confidentiality

I hereby pledge to hold in confidence all matters that come to my attention while working in *<Name of User Organization>* or during my association with *<Name of User Organization>*. I will observe and comply with the Joint Service and Access Policy of the DIS Program of the DHW and all policies of *<Name of User Organization>*. Except when I am legally authorized or required to do so as part of my job/association, I will not access or disclose or give to any person any information that comes to my knowledge or possession by reason of having access to the DIS.

I understand my obligations to keep personal health information confidential survives any association with *<Name of User Organization>*.

I acknowledge that any breach of confidentiality or inappropriate use of information obtained through access to the DIS may result in disciplinary action including dismissal and/or a report to my professional regulatory body.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Witness (please print): \_\_\_\_\_