



ACES User Confidentiality Agreement

The Acute Care Enhanced Surveillance (ACES) system is a public health surveillance project hosted by KFL&A Public Health that seeks to provide early detection of threats to public health from real-time and near real-time hospital emergency department visit and admission records.

ACES depends upon its ability to collect and use information generated from acute care partners and other sources, which ACES has a duty to protect. The information collected by ACES from acute care partners may in certain circumstances meet the definition of personal health information in section 4 of the *Personal Health Information Protection Act*. This information, the systems and processes ACES employs to protect it, and any information about the internal affairs of ACES, are all confidential (ACES Confidential Information).

By signing this Confidentiality Agreement, I acknowledge and agree as follows:

I AGREE TO:

1. Acquaint myself, and comply, with ACES' policies and procedures governing the collection, use, and protection of ACES Confidential Information.
2. Know and uphold my approved level of access to ACES Confidential Information.
3. Limit requests to access ACES Confidential Information to the minimum required.
4. Use ACES Confidential Information only for the purposes for which it was provided to me.
5. Disclose ACES Confidential Information only to persons who have entered into a confidentiality or non-disclosure agreement with ACES.
6. Securely return or destroy ACES Confidential Information immediately if my relationship with ACES ends and otherwise is requested, in accordance with ACES' instructions.
7. Notify the ACES Team immediately, and co-operate with ACES, if I receive any external demand for ACES Confidential Information.
8. Immediately report to the ACES Team any failure, or potential failure, to protect ACES Confidential Information in accordance with ACES policies and procedures or this Confidentiality Agreement and co-operate with any resulting investigation.
9. Notify the ACES Team before I leave my position or change position within my agency.

I ACKNOWLEDGE THAT:

1. My compliance with this Confidentiality Agreement is subject to audit by the ACES Team.
2. Failure to protect ACES Confidential Information in accordance with this Confidentiality Agreement may lead to discipline up to and including termination of my relationship with ACES.
3. My duty to protect ACES Confidential Information will continue indefinitely.

ELIGIBILITY: _____
Agency of Employment

APPLICANT: _____
Name Signature* Date

Job Title Email Phone

WITNESS (Director/Manager/Supervisor of Applicant): _____
Name Signature* Date

Job Title Email Phone

Please return completed forms to adam.vandijk@kflaph.ca

*handwritten and scanned images only, please

Last revised: May 2023