

**Health Information Network Provider
Acknowledgement of Confidentiality
in respect of the
Southeast Health Integrated Information Portal**

This Acknowledgement of Confidentiality applies to and must be executed by all employees and agents of KFL&A Public Health who act on behalf of KFL&A Public Health in its capacity as a Health Information Network Provider (HINP) of the Southeast Health Integrated Information Portal (SHIIP). SHIIP involves the collection, use and disclosure of information between health information custodians, including "personal health information" under s. 4 of the *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sch. A ("*PHIPA*").

As a HINP of SHIIP, KFL&A Public Health is required by s. 10(4) of *PHIPA* to comply with prescribed requirements of *PHIPA*, including s. 6 of Regulation 329/04 made under *PHIPA*. This Acknowledgement of Confidentiality reflects the prescribed requirements of *PHIPA* applicable to a HINP and is to be interpreted in a manner that is consistent with those requirements.

By signing this Acknowledgement of Confidentiality, I the undersigned, acknowledge and agree that when acting on behalf of KFL&A Public Health in its capacity as a HINP of SHIIP:

1. I shall not use any personal health information to which I have access in the course of providing the services of SHIIP, except as necessary in the course of providing those services;
2. I shall not disclose any personal health information to which I have access in the course of providing the services of SHIIP;
3. I shall not access any of the information in SHIIP except in compliance with the restrictions of this Acknowledgement of Confidentiality;
4. I will know and uphold my approved level of access to the information, including any personal health information, in SHIIP and will exercise that access only to the extent necessary and for the purposes of carrying out my responsibilities on behalf of KFL&A Public Health as a HINP in providing the services of SHIIP;
5. I shall notify the SHIIP Project Director, or his or her designate, immediately if I have accessed, used, disclosed or disposed of personal health information in SHIIP other than in accordance with this Acknowledgement of Confidentiality, if I become aware that an unauthorized person has accessed personal health information in or through SHIIP, or if I become aware of any breach of this Acknowledgement of Confidentiality whatsoever;
6. I will familiarize myself with, and comply with, any policies and procedures of SHIIP governing the collection, use, and disclosure of personal health information, and will comply with those policies and procedures. In the event that I believe my obligations under this Acknowledgement of Confidentiality conflict with or supersede the terms of any such policies or procedures, I will notify and request guidance from the SHIIP Project Director, or his/her designate;

7. I will notify the SHIIP Project Director, or his/her designate, immediately, and co-operate with KFL&A Public Health, if I receive any external demand for any information that is stored in or used by SHIIP;
8. I will immediately follow any instructions from the SHIIP Project Director, or his/her designate, regarding the secure destruction or return of information that I may have accessed or used in carrying out my responsibilities regarding SHIIP on behalf of KFL&A Public Health;
9. I will return to KFL&A Public Health immediately upon request by the SHIIP Project Director, or his/her designate, all SHIIP Information Technology to which I may have been given access, including any equipment, identification cards, access cards, or keys.

I ACKNOWLEDGE THAT:

1. My compliance with this Acknowledgement of Confidentiality is subject to audit by the SHIIP Project Director or his/her designate;
2. Failure to comply with this Acknowledgement of Confidentiality may lead to disciplinary action up to and including the termination of my relationship with KFL&A Public Health;
3. My duty to comply with the obligations of this Acknowledgement of Confidentiality shall continue indefinitely; and
4. I have read this Acknowledgement of Confidentiality in its entirety and I understand my obligations hereunder.

Name:

Signature:

Date: _____

Witness Name:

Signature:

Date: _____