PRAIRIE MOUNTAIN HEALTH

PLEDGE OF CONFIDENTIALITY

I have read and understand the Prairie Mountain Health (PMH) Confidentiality policy. I have completed the SPOT module PHIA for Health Care.

I understand that during my employment or association with PMH I may learn information that is private and confidential.

As a PMH employee, I promise to:

1. Follow the PMH policies related to the privacy, confidentiality and security of confidential information;
2. Use safeguards to protect personal health information that I work with;
3. Access confidential information only on a "need to know" basis and only the minimum amount required for my job duties;
4. Keep all confidential information that I have learned as part of my duties safe by not discussing this information with others who do not need to know about it;
5. **Never access confidential information about myself, my family, friends, co-workers and others who I know personally unless needed to fulfill my job duties and no other person is available to access this information for me, and only with approval from my Manager;**
6. Follow PMH Access to information procedures set out in PMH policy to request access to my own personal/personal health information, or that of my family, maintained by PMH;
7. Protect my network and system password(s) by not revealing or sharing them with anyone;
8. Accept responsibility for all record of activity while I am logged onto the PMH network with my network and system username and password(s);
9. Only remove confidential information from PMH locations where permitted and required to complete my duties;
10. Ensure the security of all confidential information in my custody and control at all times;
11. Ensure confidential information is not changed, copied or destroyed except as permitted following PMH policy;
12. Immediately report events where the privacy and security of confidential information is at risk.

I understand that:

1. If I do not follow rules to protect confidential information it may result in disciplinary action, up to and including termination of my employment or association with PMH, monetary fines in keeping with The Personal Health Information Act, and a report to my professional regulatory body; and
2. My responsibilities above will continue after my employment/association with PMH ends.

I have read and understand the above information and my signature below shows my agreement to follow the above conditions.

Name (please print)	Signature of Individual	Date Pledge Signed

Please Check One: ☐ Employee ☐ Medical Staff ☐ Student ☐ Other: Specify: _____

Department/Program/Organization: _____