

FRASER HEALTH CONFIDENTIALITY ACKNOWLEDGEMENT

The collection, use and disclosure of personal information under the custody and control of Fraser Health are governed by British Columbia's *Freedom of Information and Protection of Privacy Act (FOIPPA)* and the policies of the Fraser Health Authority.

Students and faculty/instructors who have direct or indirect access to personal and corporate information, are required to ensure the confidentiality of personal information and exercise discretion when discussing the business of the Fraser Health Authority. During practice education experience, all information is confidential and shall only be accessed on a "need to know" basis to carry out individual responsibilities and facilitate education. Under no circumstance, will students or faculty/instructors permit unauthorized access to, or use of, personal or corporate information.

Information shall not be altered, copied, interfered with, destroyed or removed except as authorized.

Students and faculty/instructors acknowledge their electronic personal user identification (ID) is equivalent to a legal signature. Personal user IDs shall not be disclosed to anyone nor shall an attempt to learn or use another person's user ID be made. Students and faculty/instructors acknowledge they have an obligation to report any unauthorized disclosures or demands for disclosure from outside of Canada, including subpoenas, warrants, or court orders to the Fraser Health Information Privacy Office.

This **signed Fraser Health Confidentiality Acknowledgement is valid for the duration of your enrollment in your current program.** Compliance with confidentiality policies is a requirement of student practice education experiences and failure to comply may result in immediate dismissal from the placement, in addition to legal action.

I acknowledge that I have read and understand the Fraser Health Policy entitled Confidentiality and Security of Personal Information and understand the consequences for breach of this policy. I further acknowledge that I have read and understand the contents of this Confidentiality Acknowledgment Statement. I agree that a photocopy, scan or facsimile of this form is as valid as the original.

Legal name of individual acknowledging understanding
(Please print first and last name)

Previous Name (if applicable)

Signature

Date

Required if individual/student is under 19 years of age

Name of Parent/Guardian

Signature of Parent/Guardian

Date

School Information

Name of School

Name of Program

Program Start Date

Projected Program End Date

Clicking submit will open a save window.

Please save a copy of the completed form for your personal records.

Once complete, an email will automatically open with your default computer email account and attach the form. If you do not have a default email account, please attach this form to an email and send to studentconfidentiality@fraserhealth.ca

SUBMIT