



UHN

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

CONFIDENTIALITY AGREEMENT

Name: TRANSCRIPT HEROES TRANSCRIPTION SERVICES INC.

(Please Print)

Affiliation with UHN: TRANSCRIPTION SERVICES FOR PROJECT NAME: _____ START DATE: _____

(For example: employee, clinician, physician, allied health, volunteer, researcher, student, consultant, vendor, contractor)

1. During my association with University Health Network (UHN), I will have access to information and material relating to patients, medical staff, employees, other individuals, or UHN, which is of a private and confidential nature.
2. At all times, I shall respect the privacy and dignity of patients, employees, and all associated individuals.
3. I shall treat all UHN administrative, financial, patient, employee and other records as confidential information, and I will protect them to ensure full confidentiality, including, but not limited to, de-identifying the data, whenever possible. I shall not read records or discuss, divulge, or disclose such information about UHN, unless there is a legitimate purpose related to my association with UHN. This obligation does not apply to information in the public domain. I shall not remove confidential information from UHN premises except when necessary for the provision of health care. When in transit, I shall securely store and ensure the confidential information is in my custody and control at all times. If confidential information must be removed from UHN, I shall ensure it is de-identified, where possible.
4. I shall ensure that confidential information is not inappropriately accessed, used, or released either directly by me, or by virtue of my signature or security access to premises or systems.
5. Violations of this policy include, but are not limited to:
 - accessing information that I do not require for job purposes;
 - misusing, disclosing without proper authorization, or altering patient or personnel information,
 - disclosing to another person your user name and/or password for accessing electronic records.
6. I shall only access, process, and transmit confidential information using hardware, software, and other authorized equipment, as required by the duties of my position. I shall store all electronic confidential information on a UHN secure network. Where electronic confidential information is stored on the local drive, I shall ensure it is de-identified, where possible. I shall report any tools or software requiring hard drive storage for patient care functions to the UHN Privacy Office.
7. I shall immediately report all lost or stolen confidential information to my immediate supervisor and to the UHN Privacy Office.
8. I understand that UHN will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
9. I understand and agree to abide by the conditions outlined in this agreement, and they will remain in force even if I cease to have an association with UHN.
10. I also understand that should any of these conditions be breached; I may be subject to corrective action up to and including termination of employment, loss of privileges, termination of a contract, or similar action appropriate to my association with UHN.

ANDREW DODSON (DIRECTOR)

Name (Please Print)

Signature

14th Feb 2024

Date

DAVID WILSON

Name of Witness (Please Print)

Signature