



## VANCOUVER ISLAND HEALTH AUTHORITY

### CONFIDENTIALITY ACKNOWLEDGEMENT

#### Please use a pen to complete

I (print name) \_\_\_\_\_ hereby acknowledge that I have read and understand the Vancouver Island Health Authority's (hereinafter called "VIHA") policies \*1.5.1 and \*\*1.5.2 regarding privacy and confidentiality. These policies outline my responsibilities regarding information obtained during the course of my employment, affiliation<sup>1</sup> or assignment<sup>2</sup> at the VIHA. I further acknowledge that I have read and understand the consequences for breach of these policies.

#### RELATIONSHIP WITH VIHA:

- Employee (provide Employee number)  
\_\_\_\_\_
- Physician (provide Medical Billing number)  
\_\_\_\_\_
- Other<sup>3</sup> (specify affiliation and name of VIHA contact)  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

- \* 1.5.1 Privacy Rights and Confidentiality of Personal Information
- \*\* 1.5.2 Confidentiality of Third Party, VIHA Business and other Non-Personal Information

<sup>1</sup>Affiliation: Connected to as a member or branch of an organization  
<sup>2</sup>Assignment: Task or mission  
<sup>3</sup>Other VIHA Agents: Volunteers, Researchers, Contractors, Sub-contractors, Vendors/suppliers or any individual directly or indirectly associated with VIHA.