

**CONFIDENTIALITY AGREEMENT
Markham Family Medicine Teaching Unit FHO / Health for All FHT**

**I acknowledge and agree that:**

1. I am aware that the MFMTU FHO / Health for All FHT has a zero tolerance policy on any violation of the security and confidentiality of any information concerning patients, learners, employees and other confidential business information pertaining to the Family Medicine Teaching Unit and the Family Health Team.

2. I acknowledge that I have an obligation to keep confidential information designated as confidential including information that may come to my attention, at any time, and under any circumstances.

3. I will not divulge any confidential information either inside or outside the Health for All Family Health Team unless required in the normal performance of my duties, as expressly authorized, with the consent of the patient to whom it applies, or as required by law.

4. I will only access confidential information that is required in the normal performance of my duties. I also specifically agree that I will not search for or access any patient or employee information for any reason not related to the normal performance of my duties. I understand that information pertaining to my own medical record must be obtained through my physician.

5. I will exercise all reasonable care and caution in protecting printed or written confidential information from casual observation, unauthorized perusal, or other disclosure.

6. I understand I cannot remove confidential records, either on a permanent or temporary basis, from the premises of the MFMTU FHO / Health for All FHT without specific authorization.

7. I understand that this document may be revised periodically to reflect changes in the organization and that I may be required to sign a revised agreement.

8. I understand that it is MFMTU FHO and Health for All FHT policy that, if I fail to abide by the terms outlined in this agreement, this may result in disciplinary action, up to and including termination of my employment/services.

9. I agree that this agreement and the confidentiality obligations contained herein survive the termination of my employment and any breach of the agreement is actionable.

I am (check as appropriate):

 Physician Employee Medical Resident/Student Other (Specify:)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby acknowledge that I have read this document and understand the terms and conditions of**

**this agreement:**

Print Name: Signature:

Date:

Reviewed: November 4, 2014, February 3, 2016, February 2017

Reviewed By: FHT Lead Physician, FHO Lead Physician, Executive Director
Review period: Annually.