



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 entitled "Confidential Information - Privacy Rights of Personal Information" (Policy number 1.5.1) and "Confidential Information - Third Party, VIHA Business and Other Non-Personal Information" (Policy number 1.5.2) concerning my responsibilities regarding information obtained during the course of my employment, affiliation¹ or assignment² 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*) _____
*(*Note: New Hires will receive their Employee # subsequent to the form being submitted.)*
- Physician (provide Medical Billing number) _____
- Other (specify affiliation and name of VIHA contact) _____

Signature _____ Date _____ / _____ / _____
Day Month Year

¹ Affiliation: Connected to as a member or branch of an organization

² Assignment: Task or mission

³ Other VIHA Agents: Researchers, Contractors, Sub-contractors, Vendors/suppliers or any individual directly or indirectly associated with VIHA