

## 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 Acknowledgement Statement.***

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Legal Name of *Student/Faculty/Instructor <small>(Please print first and last name)</small>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Previous Name (if applicable)
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> *Student/Faculty/Instructor Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date (d/m/y)
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> University of British Columbia <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name of School	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name of Program
<small>*Note: Required if individual/student is under 19 years of age</small>	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name of Parent/Guardian	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Parent/Guardian
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Program Start Date (d/m/y)	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Projected Program End Date (d/m/y)

Retain a copy of the completed form for your personal records AND  
 Submit **original** signed form to:  
 Fraser Health Professional Practice Attention: Clinical Education Coordinator  
 #400 – 13450 – 102<sup>nd</sup> Ave., Surrey, B.C. V3T 0H1  
 You may submit this form via Canada Post or via Fraser Health interoffice mail (on your first day at FH)