



Observer Confidentiality Agreement

Guidelines for Use:

1. To be completed by observer and returned to the department where observership is requested.
2. Forms may be requested from print shop or printed in PDF format.
3. Completed form to be forwarded to the Medical & Academic Affairs office for filing.

All patients under the care of the Thunder Bay Regional Health Sciences Centre (TBRHSC) as well as all professional staff, employees, or other individuals have a fundamental right to have their personal information treated in confidence.

During my association with the Thunder Bay Regional Health Sciences Centre, I will have access to information and material relating to patients, professional staff, employees, other individuals, or TBRHSC, which is private and confidential.

I, _____, understand that I am responsible for the protection of the confidential and private nature of information concerning patients, their families, professional staff, employees, other individuals, and TBRHSC.

I commit to hold in confidence all information which comes to my attention while attending at the Thunder Bay Regional Health Sciences centre as an observer.

I will exercise all reasonable care and caution in protecting printed or written confidential information from casual observation, unauthorized perusal, or other abuse. If confidential material does end up in my possession, I understand that I may not remove it from TBRHSC property.

I understand that I may consult my observership supervisor for details regarding this agreement.

I understand that misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for loss of affiliation with Thunder Bay Regional Health Sciences Centre.

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 TBRHSC.

Name: _____

Signature: _____

Date: _____

Supervisor name: _____

Supervisor department: _____