

## Sunnybrook Volunteer Confidentiality Agreement

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It is Sunnybrook Health Sciences Centre (“Sunnybrook”) policy to ensure that all transactions involving the use of **Personal Health Information (PHI)** respect the privacy rights of individuals. PHI will be collected, used and stored in a confidential and secure manner, while being made available to authorized users for patient care, administration, education, research and other third party authorized purposes.

All agents of the hospital must abide by Sunnybrook information handling policies and procedures affecting the confidentiality of patient information. Agents include: employees, volunteers, physicians, clinicians (including medical/dental/midwifery staff), allied health professionals (Physiotherapists, Social workers, etc.), researchers, students, instructors, consultants, vendors, contractors, Board members.

As a Sunnybrook volunteer, I understand that I may have access to PHI relating to patients, medical staff, employees/volunteers, or other individuals, which is of a private and confidential nature. Accordingly, as I hereby confirm and agree to the following:

**I have read and understand** Sunnybrook’s **Privacy and Security of Personal Health Information Policy** (ADM - 0050) and agree to observe and comply with the policy and associated policies and procedures.

**I understand** that PHI means identifying information about an individual in oral or written form, including but not limited to, information that:

- relates to the individual’s physical or mental health, including family health history;
- relates to the provision of health care, including the identification of persons providing care;
- is a plan of service for individuals requiring long-term care;
- relates to payment or eligibility for health care;
- relates to the donation of body parts or bodily substances or is derived from the testing or examination of such parts or substances;
- is the individual’s health number; or
- identifies an individual’s substitute decision-maker.

**I understand** that identifying information means:

- any information that could potentially identify an individual, or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.
- a person’s name, address, hospital file number, health insurance number, account number, telephone number, who they are seeking treatment from and where they are seeking it, and certain physiological information including genetic information, medical condition, or blood type.

**I hereby agree:**

- That I shall not access, use, discuss, or disclose PHI unless there is a legitimate purpose for this related to my duties as a volunteer of Sunnybrook. (This obligation does not apply to information in the public domain.)
- That I shall ensure that PHI is not inappropriately collected, used, or disclosed by another person due to the foreseeable unauthorized use of an electronic signature, system password or other security credentials assigned to me for my sole access to premises or systems.
- That I shall only access, process, and transmit confidential information using Sunnybrook authorized hardware, software, and other equipment, as required by the duties of my position. (e.g. will not utilize personal email or phone number to communicate about hospital or patient information)
- That I will familiarize myself with and abide by all Sunnybrook policies and procedures relating to PHI, including but not limited to department-specific information handling procedures.

**I hereby understand:**

1. That Sunnybrook will conduct periodic audits of my access to PHI to ensure my compliance with the **Privacy and Security of Personal Health Information Policy** (ADM - 0050)
2. That a “privacy breach” under Hospital Policy and in accordance with the *Personal Health Information Protection Act, 2004* includes, but is not limited to, the collection, use or disclosure of PHI where a Sunnybrook agent does not have authorization to collect, use, or disclose information related to the discharge of their professional patient care or administrative duties.
3. That examples of access, use or disclosure (sharing) of PHI that would be considered to be a privacy breach include but are not limited to:
  - Accessing information that I do not require for my volunteer role; accessing or disclosing/sharing the PHI of a present or former patient for whom I have no assigned duties.
  - Accessing my own PHI by a means other than the process outlined in the **Access to and Disclosure of Personal health Information Policy** (ADM - 0049);
  - Accessing or disclosing/sharing PHI of another Sunnybrook agent, family member, friend, volunteer, or anyone for whom you have no assigned volunteer duties; includes accessing/asking or sharing medical information of staff or fellow volunteers (e.g. if a peer is in hospital)
  - Discussing PHI that has come to your attention in the course of performing duties as a volunteer with: a) another person who has no current therapeutic, clinical care or administrative duties with regard to that patient, including other volunteers; or b) within hearing range of any person who should not have access to the information;
  - Accessing or disclosing/sharing other personal information of volunteers and staff, such as address, phone number, etc. without their consent.
  - Taking photographs, or video-taping, Sunnybrook patients/residents (with mobile phone or any other device), posting or sharing photos, making comments, or discussing Sunnybrook activities on any type of online or social media.
  - Emailing, texting or otherwise communicating any type of patient-related information, including patient’s full name, to another person. Volunteers may communicate non-patient information for business purposes (e.g. exchanging shifts) as specified by their supervisor.
  - Removal, copying or otherwise disclosing PHI or other personal information other than through the procedures outlined in Sunnybrook’s Access and Disclosure Policy (ADM - 0049); which would be under the authorization and direction of a Sunnybrook staff member.
  - Leaving PHI unattended or in insecure locations, where it may be accessed by unauthorized persons, or not disposing of it appropriately in designated confidential waste receptacles.
  - Misusing PHI, or disclosing or altering PHI of patients, employees or volunteers, without proper authorization;
  - Disclosing to another person, my own or another agent’s electronic signature, User ID and/or password for accessing electronic records.

*That should any of these conditions be breached, I may be subject to corrective action up to and including termination of volunteering, loss of privileges, or similar action appropriate to my association with Sunnybrook.*

*I hereby confirm that I understand and agree to abide by the conditions outlined in this Privacy Agreement, and that I agree and acknowledge that they will remain in force even if I cease to have an association with Sunnybrook.*