

OATH/AFFIRMATION OF CONFIDENTIALITY FOR STUDENTS OF MEMORIAL UNIVERSITY

This Oath or Affirmation (the "Oath or Affirmation") of Confidentiality encompasses personal health information (the "Information") as defined in the *Personal Health Information Act* with respect to patients/clients/residents of which I become aware during the course of my educational activities. As a student of Memorial University of Newfoundland (MUN) during my affiliation with any custodian of personal health information under the *Personal Health Information Act* ("PHIA Custodian"), my access to Information shall be used only for the purpose for which the access was granted. I recognize that in the course of my education, I may also inadvertently gain access to Information and I understand that that Information and all Information must be protected to ensure maintenance of full confidentiality and privacy.

I, _____, of _____, solemnly
(Print name) (City / Town, Province of residence)

Swear / affirm the following:

1. I have completed the MUN or provincial Department of Health PHIA online training on requirements of the *Personal Health Information Act*. I understand that it is my duty to adhere to the provisions of the Newfoundland and Labrador *Personal Health Information Act*, and all other relevant legislation and regulations, policies and professional practice standards, and I agree to do so.
2. I will adhere to MUN's policies on privacy and electronic data security, including responsibilities regarding confidential information obtained during the course of my affiliation with MUN.
3. I will adhere to the policies and procedures of the PHIA Custodian with which I am affiliated as a student, as they relate to the Newfoundland and Labrador *Personal Health Information Act* and other relevant regulations. I will review appropriate policies for each placement upon the request of the PHIA Custodian.
4. I understand that all Information to which I have access during my educational activities is confidential, and is not to be discussed, disclosed, or communicated to anyone who is not authorized to know the Information, in any manner or at any time, nor will Information be altered or modified, except in accordance with MUN policies and procedures regarding same or, if in a placement, in accordance with the policies and procedures of the PHIA Custodian with whom I am placed.
5. I will not access or use Information, except as it is necessary to perform my duties and/or as I am authorized to do so by MUN or, if in a placement, by the PHIA Custodian with whom I am placed.
6. I will immediately report any breaches of privacy and/or confidentiality to the Dean (or delegate) or, if in a placement, to my immediate supervisor.

7. I understand that it is my responsibility to secure Information to which I have access in accordance with the policies and procedures of MUN governing the security of Information or, if in a placement, of the PHIA Custodian with whom I am placed.
8. I understand that if I have questions or concerns respecting access, use, or disclosure of Information, I am responsible for addressing those questions or concerns with the Dean (or delegate) or, if in a placement, with my immediate supervisor.
9. I understand that I may face disciplinary action, up to and including termination of my placement or my MUN program should I breach any of the provisions of policies of MUN or the PHIA custodian with whom I am placed, regarding the access, use, or disclosure of Information, or should I cause a security breach that leads to improper disclosure of Information held by them or improper access by others to such Information.
10. I understand that this Oath/Affirmation of Confidentiality survives the termination of my affiliation with MUN and that I may be fined, face civil penalties, or both, should I breach this Oath/Affirmation of Confidentiality even after my affiliation or placement has ended.
11. I understand that this Oath/Affirmation of Confidentiality will be retained by MUN and a copy may be provided to any PHIA Custodian with whom I have a placement.

Sworn / Affirmed at _____, this _____ day of _____,
20____.

_____	Before me	_____
Signature of MUN Student		Signature Notary/Commissioner
_____		_____
(Print name)		(Print name)

(Memorial Student Number)		