



PERSONAL HEALTH INFORMATION PLEDGE OF CONFIDENTIALITY

FOR RESEARCHERS

I ACKNOWLEDGE that I have attended the CCMB/WRHA/Health care facility orientation regarding *The Personal Health Information Act (Manitoba)* and have been made aware of the CancerCare Manitoba (CCMB) policies on use, collection, disclosure, security, storage and destruction of personal health information. I have also read the CCMB Personal Health Information Confidentiality Policy (06.001) and the consequences of a breach of personal health information.

I UNDERSTAND that unauthorized use or disclosure of such information may result in a disciplinary action and up to and including termination or employment/contract/association/appointment, the imposition of fines pursuant to *The Personal Health Information Act*, and a report to my professional regulatory body.

I FURTHER UNDERSTAND that my obligations concerning the protection of the confidentiality of personal health information relate to all personal health information whether I acquired the information through my approved research study/association/contract/appointment with CCMB, WRHA or any health care facilities in Manitoba.

I HEREBY AGREE that as an integral part of the terms and conditions of my approved research study/association/contract/appointment with CCMB/WRHA I will not at any time, during or after my approved research study/association/contract/appointment, access, use, or disclose any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation and corporate policies governing proper release of information.

DATE: _____ SIGNATURE: _____

PRINT NAME: _____

Employee ID #: _____

Research Project: _____

I HEREBY CONFIRM that the above named individual has attended/received PHIA Orientation and has been made aware of the Personal Health Information Confidentiality Policy and the consequence of a breach.

DATE: _____

Principal Investigator or PHIA Orientation Trainer