

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p><b>POLICY</b></p>	<p><b>WRHA GOVERNED SITES</b> Applicable to programs, departments and services of the WRHA governed and integrated sites</p>		Level: <b>2A</b>
	Policy Name: <b>Confidentiality</b> (Applicable to All Employees)	Policy Number: <b>20.10.030</b>	Page: <b>1 of 4</b>
	Approval Signature: <i>Original signed by A. Wilgosh</i>	Section: <b>HUMAN RESOURCES</b>	
	Date: <b>February 1998</b>	Supercedes: <b>New</b>	

## 1.0 PURPOSE:

- 1.1 The WRHA has a moral and legal responsibility to respect and protect the privacy of its patients, its employees and those persons regularly associated with the Authority\*.
- 1.2 The WHRA, as an employer, retains the right to determine circumstances in which information shall be deemed confidential.
- 1.3 All employees and those persons regularly associated with the Authority\* are responsible for maintaining the security of all confidential information, (oral, written or computerized) accessed, handled or viewed in the course of one's work. Communication of, or access to such information, is acceptable only in the discharge of one's duties and responsibilities. Discussion shall not take place in public places (elevators, lobbies, cafeterias, off premises, etc.) or in the presence of persons not entitled to such information.

\*Employees, Volunteers, Students, Residents, Researchers, Contracted Individuals

## 2.0 DEFINITIONS:

- 2.1 Confidentiality extends to all information not readily available to the public or which would expose the Authority to charges of breach of trust including, information regarding: patients, employees and business affairs of the Authority. This information would include material which may not be considered important at the time.

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DISCLAIMER: Please be advised that printed versions of any policy, or policies posted on external web pages, may not be the most current version of the policy. Although we make every effort to ensure that all information is accurate and complete, policies are regularly under review and in the process of being amended and we cannot guarantee the accuracy of printed policies or policies on external web pages. At any given time the most current version of any WRHA policy will be deemed to apply. Users should verify that any policy is the most current policy before acting on it. For the most up to date version of any policy please call 204-926-7000 and ask for the Regional Policy Chair's office.

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### 2.1.1 **Regarding Patients**

2.1.1.1 The nature of the patient's illness, its course, its treatment and any other information disclosed by the patient.

2.1.1.2 All information learned from or observed, regarding the patient, including conduct or behaviour which may be a result of illness or the effect of treatment.

2.1.1.3 The patient's demographic information, financial position, home conditions, domestic difficulties or any other private matters relating to the patient which have been disclosed to staff.

### 2.1.2 **Regarding Employees (and others normally associated with the Authority)**

2.1.2.1 The employee's salary, work history, performance, attendance, etc.

2.1.2.2 Any information learned regarding the employee such as medical history, attendance at Employee Assistance Programs, home conditions, financial situation, demographics, domestic difficulties or any other private matters which have been disclosed to staff in the course of business.

### 2.1.3 **Regarding The Employer**

Any information learned regarding the business affairs of the WRHA which has not been authorized for release. This would include all operational and financial information.

## 3.0 **POLICY:**

3.1 All employees of the WRHA, as a condition of employment, shall sign a Pledge of Confidentiality. Subsequent breach of the policy may result in termination of employment. The Pledge document shall be issued to the employee by the Human Resources Department accompanying the letter of offer of employment. It is the responsibility of the employing department to oversee the signing of the Pledge document and forward the document to Human Resources for placement in the employee file.

3.2 All volunteers, as a condition of participating in the Volunteer Program, shall sign a Pledge of Confidentiality. Subsequently breach of the policy may result in termination from the Volunteer Program. The administration of this pledge shall be handled by the Volunteer Services Department at the time of joining the Volunteer Program.

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- 3.3 All students, including residents and interns, as a condition of registering in WRHA programs, shall sign a Pledge of Confidentiality. The administration of this pledge shall be handled by the Department responsible for the program at the time of registration or placement at the WRHA.
- 3.4 All researchers, as a condition of utilizing the WRHA facilities and resources for research, shall sign a Pledge of Confidentiality. The administration of this pledge shall be handled by the Research Department at the time approval is given to conduct research at the WRHA.
- 3.5 All contracted individuals, as a condition of acceptance of the contract, shall be required to sign a Purchased Salary/Service Agreement that provides, inter alia, for protection of confidential information. The administration of this contract shall be handled by the Human Resources Department.
- 4.0 **PROCEDURES:** N/A
- 5.0 **REFERENCES:** N/A

Contact: Luella Lee, Regional Director, Corporate Programs and Policies,  
Human Resources

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### PLEDGE OF CONFIDENTIALITY

I, the undersigned, have read and understand the content of the WRHA policy on Confidentiality.

In consideration of my employment or association with the WRHA, and as an integral part of the terms and conditions of my employment or association, I hereby agree that I will not at any time, during my employment or association, divulge to any person/s within or outside the Authority, any confidential information except as may be required in the course of duties and responsibilities and in accordance with Corporate or Departmental policy governing proper release of information. This includes confidential and/or private information concerning either patients, staff or the business of the WRHA which may come to my knowledge or attention in the course of my employment.

I understand that the provision outlined in the above paragraph will survive the termination of my employment/contract/association with the WRHA.

As an employee, I also understand that unauthorized disclosure of such information may result in immediate termination of employment/contract/association.

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DATE SIGNED

\_\_\_\_\_  
SIGNATURE