

**OATH/AFFIRMATION OF CONFIDENTIALITY FOR
EMPLOYEES, AGENTS AND VOLUNTEERS OF MEMORIAL UNIVERSITY OF NEWFOUNDLAND**

This Oath/Affirmation of Confidentiality encompasses personal health information as defined in the *Personal Health Information Act* ("PHIA") about patients/clients/residents to which I have access or of which I become aware during the course of my employment or affiliation with Memorial University of Newfoundland ("Personal Health Information").

My access to Personal Health Information shall be for the purpose for which the access was granted and for no other purpose.

I recognize that in the course of my employment or affiliation, I may inadvertently gain access to Personal Health Information and I understand that it and all Personal Health Information must be protected to ensure full confidentiality and privacy.

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

Swear / affirm the following:

1. That I will keep Personal Health Information confidential, in accordance with the requirements of Memorial University of Newfoundland and PHIA;
2. That I have completed PHIA training, as required by Memorial University of Newfoundland;
3. That I understand that it is my responsibility to comply with the provisions of PHIA and I am aware of provisions dealing with non-compliance;
4. That I understand this Oath/Affirmation of Confidentiality survives the termination of my employment or affiliation with Memorial University of Newfoundland.

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

| | | |
|--------------|-----------|-------------------------------|
| Signature | Before me | Signature Notary/Commissioner |
| (Print name) | | (Print name) |