

Dr. Linda Jean Warren Co. Ltd.
X-Ray 505
Diagnostic Radiology
#505-750 West Broadway
Vancouver, BC
V5Z 1H4

Confidentiality Agreement

I accept full responsibility for the personal identification and password codes issued to me for access to our computerized Radiological Image and Patient Information system. (Change Healthcare Radiology). In order to protect the confidentiality of the information to which I am now party, I agree that:

- 1) The clinics computing facilities are to be used for authorized purposes and in the support of clinic approved activities only.
- 2) I will not attempt to access information in the Clinic's computer system which is not required by my day to day responsibilities. Browsing through patient records or accessing records that are not required is strictly prohibited.
- 3) The personal identification and password codes are assigned to me only and I must not share them with other. I will take all reasonable precautions to protect the privileges assigned to me. If I have any reason to believe another person is aware of my password, I will immediately notify X-ray505 at 604-879-4177 to have it changed.
- 4) I will not attempt to access or alter information in the Clinic's computer system under my personal identification codes other than my own.
- 5) I will not permit another person to access or alter information in the Clinic's computer system under my personal code, after I have logged on the system.
- 6) It is my responsibility to logout of the system when my work is complete or when I leave my station for a period of time.
- 7) It is my responsibility to report incidences of improper and/or illegal activities which include using the clinic's facilities for abusive and/ or malicious communication. Such reports must be made immediately to X-ray505's administrator at 604-879-4177.
- 8) I understand my responsibility for respecting patient's privacy and protecting the confidentiality of information to which I have access.

Please fax completed form to **604-879-4147**

Name (Print):

Signature:

Secure Email: *(Hotmail / Yahoo / Gmail are not considered Secure)*

Date Signed:

Clinic Name & Address:
