

Confidentiality & User Agreement Attestation - Physicians

Alberta Health Services (AHS) is responsible for protecting the confidentiality of information that it collects, uses, stores and discloses over the course of its operations. You will have access to AHS information as part of your duties and responsibilities related to your role at AHS. This document describes how you, as a user, must handle AHS information, including AHS information systems, and will help you comply with relevant AHS policies. It is required that you read and understand these policies and treat patient, personal or other AHS information as confidential. Confidentiality of information is governed by both AHS policy, provincial and federal law. This Agreement explains the rules and expectations related to securing and protecting AHS information and systems. You may be required to comply with additional terms and conditions before accessing specific AHS systems.

Collection Use and Disclosure of Information

1. I shall only collect, access, use and disclose the minimum information necessary for the purpose of fulfilling my duties and responsibilities related to my role at AHS (“AHS Responsibilities”).
2. I will not access information except as necessary for my AHS responsibilities. I will not otherwise access information, including my own health information, or the information pertaining to: a family member, friend, colleague, or anyone who is not within my scope of AHS Responsibilities. There are other procedures in place (including in Health Information Management) which would allow me or others to appropriately request access to health information.
3. I shall ensure that information I enter into an AHS System is complete and accurate to the best of my ability.
4. I shall dispose of any information I access from an AHS System (whether in electronic or paper form) in a secure manner as explained in AHS policies and procedures.
5. I shall use reasonable means to ensure that while I am accessing information on an AHS System it will not be viewed or obtained by unauthorized people (e.g. secure my computer, be discreet when viewing data)
6. I understand that AHS retains custody and control over all information contained in an AHS System as well as information in paper form.
7. I shall not collect, use, transmit or disclose any AHS information except as allowed by AHS policies and procedures.

System Security

8. I will keep any AHS System login information, such as my user password, confidential and will not share this login with anyone else.
9. I am responsible for any use of any AHS System performed under my login information.
10. I will not leave my workstation unattended without logging out or securing my workstation or application.
11. I will not use or obtain another person’s login information.
12. If I believe my login information may be known by another person I will immediately change my password and notify the AHS Information Risk Management Office.
13. I shall not download or install any application or program to an AHS System without the approval of the administrator for that particular AHS System.

Confidentiality Provisions

14. I shall take reasonable actions to keep all AHS information private and confidential and prevent the unauthorized collection, use and/or disclosure of all AHS information that I come into contact with.
15. I accept that the obligation to keep AHS information confidential continues even after my responsibilities end.
16. If I become aware of a violation of a policy referenced above or a potential or actual breach of confidentiality, I will notify my Supervisor immediately. I will also notify the AHS Information & Privacy Office or Information Risk Management as soon as possible.

Audit and Sanctions

17. I understand and acknowledge that AHS conducts random audits of AHS Systems and may audit my use of any AHS system without notice.
18. I understand that AHS, in its sole discretion, may revoke or restrict my access to any AHS information or AHS system for any reason, with reference to AHS Policies, Bylaws or Agreements.
19. I acknowledge that I have read the policies referenced above and understand the consequences for a violation of those policies and/or this Agreement.

