

---

## PRIVACY COMPLIANCE AGREEMENT - Recordings

---

Interior Health (IH) complies with the B.C. Freedom of Information and Protection of Privacy Act (FIPPA) and therefore must make reasonable security arrangements to protect the Personal Information<sup>1</sup> in our custody and control.

In consideration of Interior Health Authority (“IH”) permitting access to Personal Information to carry out my work, specifically the recording of clinical sessions, I acknowledge and agree to the following:

1. All Personal Information concerning staff, clients, patients and residents who receive services is confidential and may not be communicated to anyone in any manner, except as required to perform my work duties and done in accordance with applicable IH policies.
2. Any actual or suspected breach will be reported promptly to my supervisor and the Interior Health Information Privacy office. I will also co-operate fully with IH in preventing the occurrence or recurrence of any breach including taking all reasonable steps to recover or obtain any records that have come into custody or control of third parties.
3. I will inform the individual why the recording is being requested, who will be allowed to see or hear it, how long the recording will be kept, and that the recording can be discontinued at any time during the session.
4. I will provide the individual sufficient time to consider the request and to ask questions.
5. I will ask the individual for written consent and ensure that the individual is capable and comfortable to provide consent. Where a session is conducted virtually, the consent form will be provided to the individual ahead of the session (e.g. consent sent by email). If a signed consent is unable to be sent back, at the beginning of the session, I will ensure verbal consent is obtained prior to starting the recording. Once the recording starts, I will verbally ask if the individual has read the consent, if they have any questions, and if they consent to continuing with the session. The verbal consent will be recorded at the start of the session. Verbal consent should also be documented within the health record.
6. I will record only the minimal information required. For example, if the individual's image is not required, I will not record their image and will only record their voice.
7. I will not permit any Personal Information to be transported or transmitted to, stored in or accessed from any jurisdiction other than Canada without the written approval from IH.
8. I will return or destroy the data as directed by IH. Recordings must be destroyed at the earlier of one year from the date of recording or by the date indicated on the consent form.

Questions or concerns that are associated with the Privacy Compliance Agreement are to be made to:

Manager, Information Privacy and Freedom of Information

Email: [IHPrivacy@interiorhealth.ca](mailto:IHPrivacy@interiorhealth.ca)

---

<sup>1</sup> “Personal Information” means any information about an identifiable individual (including, but not limited to patients, residents, assisted living tenants, volunteers, students, staff, physicians or members of the public), but it does not include business contact information

---

## PRIVACY COMPLIANCE AGREEMENT - Recordings

---

By signing below, both parties agree to the conditions outlined in this Agreement.

**For Student:**

**For Interior Health  
Manager/Director of Program Area:**

---

Signature

---

Signature

---

Print Name

---

Print Name

---

Title

---

Title

---

Date

---

Date

Manager to send completed document to [studentplacement@interiorhealth.ca](mailto:studentplacement@interiorhealth.ca).

Manager/Director and Student may retain a copy.