

**In consideration of my practicum placement at Interior Health Authority (IHA), I acknowledge and agree as follows:**

- I have read, understand and will adhere to the IHA [AR0400 – Privacy and Management of Confidential Information](#) & [AR0450 - Managing Privacy & Security Breaches/Violations](#) policies and any other related policies as amended from time to time, concerning the collection, use and disclosure of “Personal Information”, as defined in the BC Freedom of Information and Protection of Privacy Act, obtained in the course of my placement with or provision of services to IHA;
- I understand that all Personal Information concerning staff and clients who receive services (including medical records) is confidential and may not be communicated to anyone, except as permitted by applicable policies or as otherwise authorized by IHA;
- I understand and acknowledge that IHA business information, including corporate, financial and administrative records, may be confidential and must only be communicated or released to anyone in a manner authorized by IHA or applicable policies;
- I understand I must protect all confidential information taken outside the office from theft or loss. This includes keeping the information with me at all times, storing it in a locked and secured area when unattended (e.g. if in a vehicle, out of view in a locked briefcase or bag), and encrypting and password protection when stored on electronic mobile devices (e.g. USB drives, laptops, etc.);
- I will not copy, alter, destroy or remove any confidential information or records except as authorized by IHA in accordance with applicable policies;
- I understand that access to patient care information systems and other records is only for the purposes of and limited to what is required to perform my role. I will not access my record or those of family, friends or others, unless I am directly involved in providing care or other services to the individual the information is about. I will ensure to follow the direction of my instructor and preceptor to determine whether my direct involvement is appropriate.
- I will immediately report to the manager and/or IHA Information Privacy Office the potential or actual unauthorized disclosure or loss of any Personal Information as per policy;
- I understand that compliance with this undertaking is a condition of my placement with IHA and failure to comply may result in immediate termination of my placement, in addition to legal action by IHA and/or others;
- I agree that my confidentiality obligations in this undertaking continue even after my relationship with IHA ends.

**For privacy questions, contact:**

IHA Privacy Office at [IHPrivacy@interiorhealth.ca](mailto:IHPrivacy@interiorhealth.ca) or 1-855-980-5020

- By accepting these terms, I am confirming that I acknowledge, understand and agree to the above.

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature