







**PERSONAL HEALTH INFORMATION  
PLEDGE OF CONFIDENTIALITY**

I the undersigned have read and understood the CH Health and Home Care services policy on confidentiality of Personal health information as described in the Confidentiality Policy which is in accordance with *The Personal Health Information Act* (Manitoba).

I also acknowledge that I am aware and of and understand the Corporate Polices of CH Health and Home Care Services regarding the security of personal health information including the policies relating to the use, collection, disclosure, storage and destruction of personal health information.

In consideration of my employment or association with the CH Health and Home Care Services and as an integral part of the terms and conditions of my employment or association, I herby agree, pledge and undertake that I will not at any time, during my employment or association with CH, or after my employment or association ends, access or use personal health information, except as may be required in the course of my duties and responsibilities and in accordance with applicable Legislation, and Corporate and departmental policies governing proper release of information.

I understand that my obligation outlined above will continue after my employment/ contract/ association/ appointment with CH ends.

I further understand that my obligations concerning the protection of the confidentiality of personal health information relate to all personal health information whether I acquired the information through my employment/ contract/ association/ appointment with the CH or within any of the healthcare facilities within the CH.

I also understand that unauthorized use or disclosure of such information may result in disciplinary action up to and including termination of employment/ contract/ association/ appointment, the imposition of fines pursuant to *The Personal Health information act*, and a report to my professional regulatory body.

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
SIGNITURE OF INDIVIDUAL MAKING PLEDGE

I have been informed of the contents of the CH  
Personal Health Information Confidentiality Policy  
And the consequences of a breach

\_\_\_\_\_  
ID# of individual Making  
Pledge (if applicable) and  
Department/ Faculty/ Site

\_\_\_\_\_  
Name of Individual Making Pledge  
(Please Print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
SIGNITURE OF INDIVIDUAL ADMINISTERING

Pledge I have discussed the Personal Health  
Information Confidential Policy and the  
Consequences of a breach with the above named.

## Staff Requirements

1. Report to the Facility in appropriate/comfortable attire. Most facilities require pastel colours.
2. Must report at LEAST 15 minutes prior to commencement of shift
3. Present your professional License where applicable.
4. Proper hand over at the completion of shift as stipulated by Facility.
5. If you have to call in sick, **MUST BE THREE HOURS PRIOR** to commencement of shift.( Penalty may apply)
6. Timesheets must be dropped off at the office the next business day after you worked.
7. Payday is biweekly, Thursdays. You may pick up your pay at office or it can be mailed to your home.
8. Check references.