



## CONFIDENTIALITY AFFIRMATION

I hereby affirm that my position as an employee with the Prince George Hospice Palliative Care Society is one of a strict confidential nature. I agree that any knowledge gained as a result of my position or my presence within the Hospice Society is, and will remain, confidential. I will exercise care and diligence that the information provided to others is only the information to which they are entitled. I understand that if I do breach confidentiality it will be treated as a disciplinary action and may result in termination.

I have read the Prince George Hospice Palliative Care Society Policy 5.12 Confidentiality Agreement.

I am aware of the [Personal Information Protection Act \(PIPA\)](#).

\* [https://www.bclaws.ca/civix/document/id/complete/statreg/03063\\_01](https://www.bclaws.ca/civix/document/id/complete/statreg/03063_01)

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Initial

I am aware of and have read the PGHPCS Code of Conduct.

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Initial

I am aware of and have read the Bullying and Harassment Policy

\_\_\_\_\_  
Initial

I have read, and agree with, the above Affirmation of Confidentiality and I will abide with same.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Print)

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

\_\_\_\_\_  
Employee Signature