



CONFIDENTIALITY AFFIRMATION

I hereby affirm that my position as an employee with the Prince George Hospice 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 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

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

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

Initial

Initial

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