



Capital Health

PLEDGE OF CONFIDENTIALITY

This is to certify that I, _____, an employee, student, volunteer, physician, Board member of the Capital District Health Authority (CDHA), understand that any information (written, verbal or other form) obtained during the performance of my duties must remain confidential. This includes all information about patients, clients, families, employees and medical staff members, as well as any information otherwise marked or known to be confidential.

I have read and understand the information provided on the reverse side of this pledge sheet.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible personal liability in any legal action arising from such breach.

Signature of Employee/Student/Volunteer

Date

Signature of Witness

CONFIDENTIALITY

Please remember:

- As the patient enters the hospital, we have moral and legal responsibility to provide proper, adequate, safe care, which includes maintaining confidentiality
- Everything that is written and spoken is considered confidential. Anything you hear, see or learn about any patient in the hospital must not be repeated to anyone, inside or outside the hospital that is not directly involved in that patient's care.
- Patients have a right to as much privacy as we can provide. This includes choosing a private place to talk where possible, and by always treating the patient with dignity and respect.
- Please remember when making rounds, when talking in the elevators, cafeterias, hallways or other public places that voices carry.
- Please ensure that electronic information remains confidential by making certain that you do not leave your computer on and unattended, that private information appearing on the computer screen is not visible to others and that you do not share your passwords with anyone.
- Check to be sure that you do not leave charts, papers or lists of patients' names in a room after a meeting.
- Any information regarding fellow employees, such as names, addresses, telephone numbers and wages is confidential.
- You have signed a pledge that makes confidentiality your responsibility. Please honor that pledge.
- A videotape entitled "*Making Confidentiality Count*" is available on loan from the Health Science Library, 5th Floor Dickson Building, 473-8497.

Thank you for keeping the pledge of confidentiality