

CONFIDENTIALITY STATEMENT

I understand that as an employee of McMaster University, I must maintain the confidentiality of personal, social, health related, protected research and other classified information to which I may have access. I understand that protection extends to information associated with students and study projects and also information, associated with patients and visitors, which may be accessed through the information systems of affiliated hospitals and agencies. I further understand that confidential information is to be held in the strictest confidence whether means of access to such information is verbal, documented, computerized, or otherwise obtained. Breach of confidence includes but is not limited to unauthorized access of confidential information, intentional or involuntary unauthorized release of confidential information and could lead to disciplinary action including termination of employment.

Signature of Employee

Date

Signature of University Representative

Date

See McMaster University's "Guidelines on Access to Information and Protection of Privacy" available on the Internet at <http://www.mcmaster.ca/univsec/fippa/fippa.cfm>.

U: confidentiality statement agreement