



**CONFIDENTIALITY UNDERTAKING**  
**for private sector users who will be accessing**  
**Ministry of Health Client Data**

**Template – the organization MUST use this wording but may choose to either use it as a stand-alone confidentiality pledge for their employees, or to incorporate this wording within the organization’s existing confidentiality agreement structures.**

BETWEEN: \_\_\_\_\_ (the Organization)  
*(name)*

AND: I, \_\_\_\_\_ (the user)  
*(name)*

WHEREAS:

THE ORGANIZATION HAS ENTERED INTO AN AGREEMENT WITH THE MINISTRY OF HEALTH PERMITTING ACCESS TO SPECIFIC CLIENT DATA ON CERTAIN MINISTRY DATABASES; AND

THAT AGREEMENT INCLUDES SECURITY AND CONFIDENTIALITY CLAUSES RESTRICTING THE ACCESS FOR PURPOSES AUTHORIZED BY THE MINISTRY.

I promise to abide by the following terms and conditions:

1. I will not use or access the information in the Ministry databases to which I have been granted access, for any purpose other than those which have been authorized by the Ministry of Health.
2. I will at all times treat as confidential all information related to Ministry clients and will not permit the publication, release or disclosure of the same without the prior written authorization of the Ministry of Health. For the purpose of this agreement, information related to Ministry clients includes, but is not limited to:
  - (i) The individual’s name, address or telephone number
  - (ii) The individual’s age, gender, marital status or family status
  - (iii) The individual’s Personal Health Number (PHN)
3. I will at times treat as confidential all information related to the security and management of Ministry systems and databases.
4. I will adhere to the *Medicare Protection Act* as it applies to the confidentiality, privacy and security of information related to Ministry clients.

Two signature blocks required:

|                |             |
|----------------|-------------|
| User Name      | Date Signed |
| User Signature |             |

|                   |             |
|-------------------|-------------|
| Witness* Name     | Date Signed |
| Organization      |             |
| Witness Signature |             |

(\* a person within the organization, such as supervisor or manager)

NOTE: Signed confidentiality undertakings are to be retained by the organization and used in conjunction with an education program related to privacy and confidentiality of client records.

As of the date of the user’s resignation or termination of employment this agreement will no longer be valid.

**The organization must produce the signed undertaking for review and audit at the request of the Ministry of Health.**