

## Mackenzie Health Confidentiality Agreement

Name: \_\_\_\_\_  
(please print)

Affiliation with  
Mackenzie Health: **VOLUNTEER**  
(for example: employee, clinician, physician, allied health, volunteer, researcher,  
student, consultant, vendor, contractor)

1. During my association with Mackenzie Health, I will have access to information and material (electronic and manual records) relating to patients, medical staff, employees, or other individuals which is of a private and confidential nature.
2. At all times, I shall respect the privacy of patients, employees, and all associated individuals.
3. I shall treat all Mackenzie Health administrative, financial, patient, employee and other records as confidential information, and I will protect them to ensure full confidentiality. I shall not read records or discuss, divulge, or disclose such information about Mackenzie Health, unless there is a legitimate purpose related to my association with Mackenzie Health. This obligation does not apply to information in the public domain.
4. I shall ensure that confidential information is not inappropriately accessed, used, or released either directly by me, or by virtue of my signature or security access to premises or systems.
5. Violations of this policy include, but are not limited to:
  - accessing information that I do not require for job purposes;
  - misusing, disclosing without proper authorization, or altering patient or personnel information;
  - disclosing to another person my user name and/or password for accessing electronic records.
6. I understand that Mackenzie Health will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
7. I understand and agree to abide by the conditions outlined in this agreement, and they will remain in force even if I cease to have an association with Mackenzie Health.
8. I also understand that should any of these conditions be breached, I will be subject to corrective action up to and including termination of employment, loss of privileges, or termination of a contract.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Zahra Stationwala**  
\_\_\_\_\_  
Name of Witness (please print)

*Zahra Stationwala*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Mackenzie Richmond Hill Hospital  
10 Trench Street, Richmond Hill ON L4C 4Z3  
905-883-1212

Cortellucci Vaughan Hospital  
3200 Major Mackenzie Drive West, Vaughan, ON L6A 4Z3  
905-417-2000

## Volunteer & Community Resources

### Property Agreement Form

As a new volunteer, we are pleased to offer you an ID badge (with parking included) for use while you are on duty. The badge is the property of Mackenzie Health and **should only be used during events related to volunteering**. The badge must be returned when you stop volunteering. If you require a replacement badge, there is a \$30 non-refundable charge associated with issuing a new badge.

As part of your volunteer placement, you are required to purchase a uniform from the Mackenzie Health Volunteer Association. The uniform is yours to keep. When you stop volunteering, please cut up the Mackenzie Health Logo before discarding the uniform.

I, \_\_\_\_\_, agree to take full responsibility for all hospital property assigned to me during my affiliation with Mackenzie Health. I understand that I am responsible for returning my ID badge to Volunteer & Community Resources, no later than 1 month after my last shift.

Uniform Type: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature is an acknowledgment that you have read and understood the parking, badge, and uniform policy outlined above.

\_\_\_\_\_

### Media/Photo Consent Form

I, the undersigned \_\_\_\_\_ authorize Mackenzie Health to:

(Please Print Full Name)

1. Interview
2. Photograph
3. Take Video Images
4. Make a voice recording
5. Post information and/or images on the Hospital website, Intranet or Social Media. Images, voice recording or filming is for the purpose of treatment, education, research, publication and/or broadcast.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Volunteer and Community Resources  
Phone: (905) 883-2057 Fax: (905) 883-2092  
[volunteers@mackenziehealth.ca](mailto:volunteers@mackenziehealth.ca)  
[mackenzie.vsyslive.com](http://mackenzie.vsyslive.com)