

Dental Practice Observership

Privacy and Confidentiality Agreement

This agreement is between Dr. _____ and the Observer, _____
DENTIST OBSERVER

In connection with your authorized clinical observership with Dr. _____ you will, from time to time, have access to the personal health information of clients/patients. You may also gain access to other sensitive or personal information of clients/patients, employees, clinical staff, agents, or the clinical practice. The purpose of this agreement is to set out your obligations as an agent of Dr. _____ in carrying out the activities of the clinical observership. For the purposes of this agreement, information means all communications or documents conveyed verbally, in writing, or in any other record form. By signing this Privacy and Confidentiality Agreement, you agree that you understand your obligation to keep confidential and secure all information that you gain access to during the course of your clinical observership.

Your obligations relating to the personal health information that you gain access to as the agent of Dr. _____ are statutory obligations under the Personal Health Information Act. You shall not disclose personal health information to anyone without the express consent of the client/patient, dentist, or authorized clinic staff. You agree to collect, access, use, and disclose personal health information on a "need to know" basis only, and only the minimum amount required by your limited observership role. Further, you agree that you will not communicate personal health information either within or outside the Dental Practice, except to persons authorized to receive such information. Any personal health information that you gain access to during your clinical observership shall be used by you for the limited purpose of learning about providing dental health care and shall not be used by you for any purpose outside of your limited clinical observership, as authorized by Dr. _____.

By signing this Privacy and Confidentiality Agreement, you hereby acknowledge that you understand that disclosure of information that you gain access to during your clinical observership may cause significant damage or harm to clients/patients, the Dental Practice and its owners, associates, staff, or other employees. Further, you hereby acknowledge that any breach of your duty to maintain privacy and confidentiality may result in corrective action up to and including the immediate termination of your clinical observership, and may result in legal action against you.

Dated at _____ in the Province of Nova Scotia, this _____ day of _____ 20____.

Signature

Signature

Host Dentist

Observer