

PLEDGE OF CONFIDENTIALITY

As an employee/volunteer/trustee of the River East Transcona School Division, I acknowledge and understand that I may/will have access to personal information about others including the students, the confidentiality and protection of which is governed by the Personal Health Information Act (the act).

I further acknowledge and understand that the River East Transcona School Division has established written policies and regulations containing provisions for the security of personal health information in the division's possession during its collection, use, disclosure, storage and destruction, provisions for the recording of security breaches, and correct procedures to address security breaches.

I further acknowledge that I have been provided orientation and have received or will receive ongoing training about these policies, regulations and procedures.

I acknowledge that I am bound by the policies and procedures established by the River East Transcona School Division in accordance with the act and I am aware that a consequence of breaching them is prosecution under the act and/or disciplinary action.

Signature

Date signed

Name and position (please print)

Effective Date: April 20, 2004
Amended Date:
Board Motion(s): 250/04
Legal/Cross Reference: JRA

Policy
Regulation
Exhibit XXX