

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 subjects and also information, associated with patients and visits, 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, documents, computerized or otherwise obtained. Breach of confidence includes intentional or involuntary unauthorized release of this information and could lead to disciplinary action including termination of employment.

Employee Signature: _____ **Date:** _____

University Representative: _____ **Date:** _____

See McMaster University's Guidelines on Access to Information and Protection of Privacy available on the internet at www.mcmaster.ca/univsec/fippa/fippa.cfm