



**Listowel Wingham Hospitals Alliance
Observer Confidentiality Agreement**

All residents/patients/clients under the care of LWHA and all staff, agents, and affiliates have a fundamental right to have their health/medical/personal information treated in confidence.

I commit to hold in confidence all information about patients, residents, clients, and their families, staff and affiliates, as well as the confidential business information of the organization(s), which comes to my attention while attending at the organization(s) as an Observer.

I commit to continue to respect and maintain the confidentiality of patients, residents, clients and their families, and staff and affiliates of the organization(s), as well as the confidential business information of the organization(s) even after my attendance at the organization(s).

I understand that I may consult my observership sponsor for details regarding this Agreement.

I understand that misuse, failure to safeguard, or the disclosure of confidential information without appropriate approvals may be cause for loss of affiliation with LWHA.

Printed Full Name _____

Signature _____

Date (YYYY/MM/DD) _____

Sponsor Name: _____

Sponsor Department: _____

NOTE - For observers visiting clinical areas: verbal consent must be obtained from the patient before the observer approaches the patient.